

Patient Name
(Last, First, MI): _____

Date of Collection: ____ / ____ / ____ Time: _____

Date of Birth: ____ / ____ / ____ Sex: M F

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Patient ID#: _____

Fasting Status: Yes No Hrs. p.p.: _____

Comments: _____

Practice Name: _____

Physician Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Acct. #: _____ FedEx Airbill #: _____

Draw Type: Client AION Mobile [ADRAMB]
 AION Mobile In-Office [ADRAMI] AION PSC [ADRAPC]
 Canada Ship & Handling [CANSHA]

COLLECTION CODE BLU=Blue RYB=Royal Blue RED=Red LAV=Lavender SAL=Salivette SST=Gold SST UR=Urine GRN=Green BKY=Black/Yellow RGR=Red/Gray SST YEL= Yellow

ADDITIONAL TESTING:

BASELINE PANEL MALE *12-hour fasting required* **AMBM**
(COLL TUBE: 2 RGR, 2 LAV, 1 GRN, 2 RED)

- CBC w/ Auto Differential
- Comprehensive Metabolic Panel w/GFR
- Heart Lipid Panel
- High Sensitivity C-Reactive Protein
- Homocysteine, Cardiac Risk
- Hemoglobin, A1C (Glycohemoglobin)
- IGF-1 Insulin-Like Growth Factor 1
- Free T-3
- Free T-4
- TSH 3rd Generation
- Cortisol, Random
- C-Peptide
- DHEA-Sulfate
- Progesterone
- LH and FSH
- Estradiol, LC/MS/MS
- Testosterone, Total By LC/MS/MS & BIO + SHBG
- Iron, Total
- Ferritin
- Magnesium
- Vitamin D2 D3, 25-Hydroxy By LC/MS/MS
- Vitamin B12 & Folate
- Prostate Specific Antigen

BASELINE PANEL FEMALE *12-hour fasting required* **AMBF**
(COLL TUBE: 2 RGR, 2 LAV, 1 GRN, 2 RED)

- CBC w/Auto Differential
- Comprehensive Metabolic Panel w/GFR
- Heart Lipid Panel
- High Sensitivity C-Reactive Protein
- Homocysteine, Cardiac Risk
- Hemoglobin, A1C (Glycohemoglobin)
- IGF-1 Insulin-Like Growth Factor 1
- Free T-3
- Free T-4
- TSH 3rd Generation
- Cortisol, Random
- C-Peptide
- DHEA-Sulfate
- Progesterone
- LH and FSH
- Estradiol
- Testosterone, Total By LC/MS/MS & BIO + SHBG
- Iron, Total
- Ferritin
- Magnesium
- Vitamin D2 D3, 25-Hydroxy By LC/MS/MS
- Vitamin B12 & Folate

BASIC HORMONE PANEL MALE **AMBHP**
(COLL TUBE: 1 RGR, 2 RED)

- Free T-3
- Free T-4
- TSH 3rd Generation
- DHEA-Sulfate
- Progesterone
- LH and FSH
- Estradiol, LC/MS/MS
- Testosterone, Total By LC/MS/MS & BIO + SHBG
- Prostate Specific Antigen

BASIC HORMONE PANEL FEMALE **AMFBH**
(COLL TUBE: 1 RGR, 2 RED)

- Free T-3
- Free T-4
- TSH 3rd Generation
- DHEA-Sulfate
- Progesterone
- LH and FSH
- Estradiol
- Testosterone, Total By LC/MS/MS & BIO + SHBG

EPIGENETICS RX ESSENTIAL PANEL **ERXEP**
(COLL: 3 SALIVA DISCS)

- Methionine Synthase (MTR)
- Methionine Synthase Reductase (MTRR)
- Betaine Homocysteine Methyltransferase (BHMT)
- Cystathionine Beta Synthase (CBS)
- Vitamin D Receptor (VDR)
- Catechol-O-methyltransferase (COMT)
- Monoamine oxidase A (MAO-A)
- Monoamine oxidase B (MAO-B)
- Nitric Oxide Synthase (NOS)

EXPANDED THYROID PANEL **AMETH**
(COLL TUBE: 2 RGR)

- Free T3
- Free T4
- TSH 3rd Generation
- Thyroid Peroxidase Autoantibody
- Thyroglobulin Autoantibody
- Reverse T3

CHEMISTRY PANEL **AMCP**
(COLL TUBE: 1 SST)

EPIGENETICS RX CORE PANEL **ERXCP**
(COLL: 3 SALIVA DISCS)

- Methylenetetrahydrofolate Reductase (MTHFR)
- Methionine Synthase (MTR)
- Methionine Synthase Reductase (MTRR)
- Betaine Homocysteine Methyltransferase (BHMT)
- Cystathionine Beta Synthase (CBS)
- Vitamin D Receptor (VDR)
- Catechol-O-methyltransferase (COMT)
- Monoamine oxidase A (MAO-A)
- Monoamine oxidase B (MAO-B)
- Nitric Oxide Synthase (NOS)

INFLAMMATION PANEL *12-hour fasting required* **AMIP**
(COLL TUBE: 2 SST, 1 LAV, 1 UR w/o preservative)

- F2-Isoprostane
- Ferritin
- High Sensitivity C-Reactive Protein
- LP-PLA2 Activity
- Myeloperoxidase
- Microalbumin-Creatinine Ratio
- Oxidized LDL

CARDIAC RISK PANEL **AMCARP**
(COLL TUBE: 1 RGR, 1 LAV, 1 BKY)

- NMR Lipoprofile Test
- Lipoprotein (a)
- Coenzyme Q10, Total
- OmegaCheck™

Individual Tests Available

METABOLIC	COLL TUBE	CODE
<input type="checkbox"/> Adiponectin <i>12-hour fasting required</i>	SST	ADPO
<input type="checkbox"/> Required Patient Height _____ & Weight _____		
<input type="checkbox"/> C-Peptide	SST	CPEPS
<input type="checkbox"/> Glucose, Fasting or Random	SST	GLU
<input type="checkbox"/> Hemoglobin, A1C	LAV	HEMAIC
<input type="checkbox"/> Insulin Assay <i>12-hour fasting required</i>	SST	INS
<input type="checkbox"/> Leptin <i>12-hour fasting required</i>	SST	LEPTNA

ENDOCRINE	COLL TUBE	CODE
<input type="checkbox"/> 17OH-Pregnenolone*	SST	17PREG
<input type="checkbox"/> 17OH Progesterone	SST	17PRO
<input type="checkbox"/> ACTH, Adrenocorticotropic Hormone* <i>12-hour fasting required</i>	LAV	ACTH
<input type="checkbox"/> Aldosterone, Serum	SST	ALDOST
<input type="checkbox"/> Androstenedione, LC/MS/MS	SST	ANDRMS
<input type="checkbox"/> Cortisol, AM	SST	CORAM
<input type="checkbox"/> Cortisol, LC/MS/MS Saliva	SAL	CORTSL
<input type="checkbox"/> Cortisol, Random	SST	CORRAN
<input type="checkbox"/> DHEA-Sulfate	SST	DHEAS4
<input type="checkbox"/> DHT, Dihydrotestosterone	SST	ADHTT
<input type="checkbox"/> Estradiol	SST	EDIOL
<input type="checkbox"/> Estradiol, LC/MS/MS	RED	ESTMCP
<input type="checkbox"/> Estriol, Unconjugated	SST	ESTFR
<input type="checkbox"/> Estrogens, Fractionated	RED	ESTGFR
<input type="checkbox"/> Estrone Sulfate	RED	ESTRS
<input type="checkbox"/> Free T-3	SST	FT3
<input type="checkbox"/> Free T-4	SST	FT4
<input type="checkbox"/> FSH, Follicular Stimulating Hormone	SST	FSHA
<input type="checkbox"/> GHG, Human Growth Hormone	SST	HGH
<input type="checkbox"/> IGF-1, Insulin-like Growth Factor 1	SST	IGFIL1
<input type="checkbox"/> IGFBP-3, Insulin-like Growth Factor Binding Protein 3	SST	AIGFB3
<input type="checkbox"/> LH, Lutenizing Hormone	SST	LHAN
<input type="checkbox"/> LH & FSH	SST	LHFSHA
<input type="checkbox"/> Melatonin	RED	MELQR
<input type="checkbox"/> Pregnenolone*	SST	PREGN
<input type="checkbox"/> Progesterone	RED	PRGS
<input type="checkbox"/> Prolactin	SST	PRL
<input type="checkbox"/> PTH, Parathyroid Hormone	GRN	PTHI
<input type="checkbox"/> Reverse T3	SST	RT3TMS
<input type="checkbox"/> Testosterone, LC/MS/MS Total, Bio + SHBG	RED	TSFRMS
<input type="checkbox"/> Testosterone, LC/MS/MS, Total, Free + SHBG	RED	TETFS
<input type="checkbox"/> TG, Thyroglobulin Antibodies	SST	TG
<input type="checkbox"/> TPO, Thyroid Peroxidase Antibody	SST	TPO
<input type="checkbox"/> TSH, 3rd Generation	SST	TSH

CHEMISTRY	COLL TUBE	CODE
<input type="checkbox"/> ALT, Alanine Aminotransferase	SST	ALT
<input type="checkbox"/> Albumin	SST	ALB
<input type="checkbox"/> Albumin/Globulin Ratio		AGR
<input type="checkbox"/> Alkaline Phosphatase	SST	ALKP
<input type="checkbox"/> AST, Aspartate Aminotransferase	SST	AST
<input type="checkbox"/> Bilirubin, Total	SST	TBIL
<input type="checkbox"/> BUN, Urea	SST	BUN
<input type="checkbox"/> BUN/Creatinine Ratio	SST	BUNCRE
<input type="checkbox"/> Carbon Dioxide	SST	CO2
<input type="checkbox"/> CBC, w/ Auto Differential	LAV	CBCP2
<input type="checkbox"/> Chloride	SST	CL
<input type="checkbox"/> Comprehensive Metabolic Panel w/GFR <i>12 hr fasting required</i>	SST	CMPD
<input type="checkbox"/> Creatinine	SST	CRE
<input type="checkbox"/> Electrolytes Panel	SST	EP
<input type="checkbox"/> FIT, Fecal Immunochemical Test for Occult Blood	STOOL	IFOBT
<input type="checkbox"/> GGT, Gamma Glutamyl Transferase	SST	GGT
<input type="checkbox"/> Iron Binding Capacity	SST	IBC
<input type="checkbox"/> Lactate Dehydrogenase	SST	LD
<input type="checkbox"/> Phosphorus	SST	PHOS
<input type="checkbox"/> Potassium	SST	K
<input type="checkbox"/> Protein, Total	SST	TP
<input type="checkbox"/> Sodium	SST	NA
<input type="checkbox"/> Uric Acid	SST	URIC
<input type="checkbox"/> Urinalysis, with Microscopic	UR	UAXM

OTHER	COLL TUBE	CODE
<input type="checkbox"/> Blood Type	LAV	MABORH
<input type="checkbox"/> hCG, Human Chorionic Gonadotropin	SST	HCQBQ
<input type="checkbox"/> NTx, Collagen Cross-Linked N-Telopeptides, Urine	UR	NTX
<input type="checkbox"/> PSA, Prostate Specific Antigen	SST	PSA
<input type="checkbox"/> Telomere Average Length	BLU	TELVG

NUTRITIONAL	COLL TUBE	CODE
<input type="checkbox"/> Calcium, Ionized	SST	ICALP
<input type="checkbox"/> Calcium, Total	SST	CA
<input type="checkbox"/> Coenzyme Q10, Total <i>12-hour fasting required</i>	SST	CQ10A
<input type="checkbox"/> Essential Fatty Acids Profile* <i>12-hour fasting required</i>	RED	FAPES
<input type="checkbox"/> Free Fatty Acids* <i>12-hour fasting required</i>	SST	FATTYF
<input type="checkbox"/> Ferritin	SST	FERR
<input type="checkbox"/> Folate	RED	FOL
<input type="checkbox"/> Iodine, Serum/Plasma	RYB	IODSP
<input type="checkbox"/> Iron, Total	SST	FE
<input type="checkbox"/> Magnesium	SST	MG
<input type="checkbox"/> Micronutrient Test**	YEL	AMNT
<input type="checkbox"/> MMA, Methylmalonic Acid	RED	MMAMS
<input type="checkbox"/> Vitamin B6, Pyridoxal 5-Phosphate*	LAV	VTB6P
<input type="checkbox"/> Vitamin B12, Cyanocobalamin	RED	B12
<input type="checkbox"/> Vitamin B12 and Folate	RED	B12FOL
<input type="checkbox"/> Vitamin D, D2, D3, 25-Hydroxy, LCMSMS	SST	VITD23
<input type="checkbox"/> Vitamin D, 25-Hydroxy	SST	VDOH
<input type="checkbox"/> Vitamin E, Alpha and Gamma <i>12-hour fasting required</i>	SST	VTMNE
<input type="checkbox"/> Vitamin K1, Phylloquinone <i>12-hour fasting required</i>	SST	VTK1
<input type="checkbox"/> Zinc, RBC	RYB	ZNRBC

METALS, WHOLE BLOOD	COLL TUBE	CODE
<input type="checkbox"/> Aluminum, Serum	RYB	AL
<input type="checkbox"/> Arsenic, Lead, Mercury	RYB	HMTL3
<input type="checkbox"/> Arsenic, Lead, Mercury, Cadmium	RYB	HMTL4
<input type="checkbox"/> Arsenic	RYB	ARSWB
<input type="checkbox"/> Cadmium	RYB	CDWB
<input type="checkbox"/> Copper	RYB	CUWB
<input type="checkbox"/> Lead	RYB	PBWB
<input type="checkbox"/> Mercury	RYB	MERWB
<input type="checkbox"/> Selenium	RYB	SEWB

INFLAMMATION	COLL TUBE	CODE
<input type="checkbox"/> F2- Isoprostane	UR	FISOP
<input type="checkbox"/> HS-CRP, High Sensitive C-Reactive Protein	SST	HCRP
<input type="checkbox"/> LP-PLA2 Activity	SST	LPLAC2
<input type="checkbox"/> Microalbumin-Creatinine Ratio	UR	MCUC
<input type="checkbox"/> Myeloperoxidase	LAV	MPOENZ
<input type="checkbox"/> Oxidized LDL	LAV	OXDLDL

CARDIAC RISK	COLL TUBE	CODE
<input type="checkbox"/> Apolipoprotein A1 <i>12-hour fasting required</i>	SST	APOLA
<input type="checkbox"/> Apolipoprotein A1 and B100, with ratio	SST	APOAB
<input type="checkbox"/> Apolipoprotein B <i>12-hour fasting required</i>	SST	APOLB
<input type="checkbox"/> Aspirin Works	UR	ASWCHL
<input type="checkbox"/> Cystatin C	SST	CYSTCG
<input type="checkbox"/> Fibrinogen*	BLU	XFIB
<input type="checkbox"/> Galectin-3, Serum	SST	GAS3
<input type="checkbox"/> Heart Lipid Panel <i>12-hour fasting required</i>	SST	HRTLPD
<input type="checkbox"/> Homocysteine	GRN	HOMCY
<input type="checkbox"/> HDL2b	SST	HDL2BR
<input type="checkbox"/> Lipoprotein (a)	SST	LPA
<input type="checkbox"/> NMR Lipoprofile <i>12-hour fasting required</i>	BKY	NMRLP
<input type="checkbox"/> NT-proBNP	SST	PBNP
<input type="checkbox"/> OmegaCheck™	LAV	OMFAP
<input type="checkbox"/> Small Dense LDL	SST	SDLDL
<input type="checkbox"/> TMAO (Trimethylamine N-oxide)	SST	TMAO
<input type="checkbox"/> Troponin T*	SST	TPNT

ALLERGY	COLL TUBE	CODE
<input type="checkbox"/> A95 Extended Food Panel	SST	A95EFP
<input type="checkbox"/> Celiac Basic Panel	SST	CELPAN
<input type="checkbox"/> Celiac Extended Panel	SST	CELPEX
<input type="checkbox"/> E95 & A95 Combo Food Panel	SST	E95A95
<input type="checkbox"/> E95 Basic Food Panel	SST	E95BFP
<input type="checkbox"/> Immunoglobulin E, Total	SST	IGEC
<input type="checkbox"/> Immunoglobulin A/G/M, Serum	SST	IGGAM

GENETICS	COLL TUBE	CODE
<input type="checkbox"/> 4q25-AF Risk Genotype	LAV	AFRG
<input type="checkbox"/> 9p21 Genotype, Cardio IQ	LAV	9P21G
<input type="checkbox"/> Apolipoprotein E Genotype	LAV	APOECR
<input type="checkbox"/> CYP2C19 Genotype	LAV	CYP2G
<input type="checkbox"/> Factor V Leiden Mutation	LAV	FVLMUT
<input type="checkbox"/> KIF6 Genotype	LAV	KIF6G
<input type="checkbox"/> LPA Aspirin Genotype	LAV	LPAAG
<input type="checkbox"/> LPA Intron-25 Genotype	LAV	LPA25G
<input type="checkbox"/> MTHFR Genotype, C677T and A1298C	SAL	MTHFX
<input type="checkbox"/> Prothrombin Mutation	LAV	PROMUT

*Mobile Phlebotomy Services are required for these tests.
**Separate test kit required. Send directly to reference lab.

When order is complete, click **SUBMIT** to save your order and e-mail it to us.

Form may also be printed and faxed to 509.209.5959

