i-Labs
3510 Hopkins Pl N, Oakdale, MN 55128 USA
info@i-labs.us • www.i-labs.us
Tel: 651-387-2614 • CLIA ID: 24D2151884

Neurotransmitter, Cortisol, Melatonin **Test Requisition Form**

Patient Information

Last Name	First Name		Middle Initial
Mailing Address	City	State	ZIP
Telephone	Email: (For itemized receipt & superbill)	Gender	Birth Date (MM-DD-YY)

Billing Information

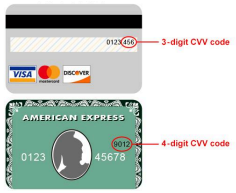
NO INSURANCE ACCEPTED - ITEMIZED RECEIPT AVAILABLE UPON REQUEST

☐ Check Number:

☐ Credit Card Number:

Visa, MasterCard, Discover or American Express

Card Holder Name:



Expiration Date: (MM/YYYY)	CVV Number:	Total USD $: (All prices are subject to change without notice)

☐ **I agree that the full amount will be charged to my given credit card information above.**

Declaration of Consent:

I hereby give consent to use my sample(s) for research in accordance with HIPAA guidelines ☐ **I agree** ☐ **I disagree**

Check Box upon Completion:

☐ Requisition form is filled out entirely

☐ Labeled all tubes (2 identifiers) to match information on the requisition form

SIGN HERE _____ **DATE** _____

Clinician Information

Clinic Name	Telephone	Diagnostic Code(s)-DX:	
Clinic Address	City	State	ZIP
Ordering Physician:	E-mail: (For Physician portal to obtain results)		

Sample Collection Information

URINE collection date & time	___ ___ ____ MM / DD / YYYY	___ ___ AM / PM HH / MM			
SALIVA collection date & time	___ ___ ____ MM / DD / YYYY	___ ___ HH / MM **Morning 6-9AM**	___ ___ HH / MM **Noon 12-2PM**	___ ___ HH / MM **Evening 4-6PM**	___ ___ HH / MM **Night 9-12AM**

Collection and Shipment Monday through Thursday. Fasting is required for these tests.
Our streamlined testing requires no shaking or freezing.

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Internal Lab Use Only NTv2

☐	**3133 Neurotransmitter (Urine)** Epinephrine, Dopamine, Norepinephrine, Serotonin, GABA, Glutamate, Histamine, Quinolinic acid, 5 HIAA and Dopac	$185
☐	**3146 Cortisol 4 point (Saliva)**	$100
☐	**3147 Melatonin night point (9pm-12am) (Saliva)**	$55
☐	**3148 Combined Panel (Urine & Saliva)** (Neurotransmitter, Cortisol & Melatonin)	$185

Thank you for choosing i-Labs.

We are committed to providing you with clear guidance for a successful submission. Once you have submitted your specimen, results will go to your ordering provider. Please contact your provider if you have questions.

URINE Specimen Collection

Step 1: Collect second-morning urine in the provided cup (1).
Step 2: Use the pipette to transfer 2–4 mL into the 5 mL tube (2).
Step 3: Secure the lid tightly.
Step 4: Fill out the provided label and place it on the tube (3).
Step 5: Put the tube in the biohazard bag (4).
Step 6: Store at room temperature until shipping.
Step 7: Ensure you have completed this requisition form with any information needed.
Step 8: Ship all items in the return bag provided in each domestically Shipped kit Monday-Friday.

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SALIVA Specimen Collection

Step 1: Do not eat, drink, smoke, or chew gum for 15 minutes before collecting.
Step 2: To help produce saliva, gently rub the outside of your cheeks, pressing them against your gums.
Step 3: Remove the tube lid and spit into the tube until you reach at least 2 mL (1).
Step 4: Secure the lid tightly.
Step 5: Fill out the provided label and place it on the tube.
Step 6: Put the labeled tube in the biohazard bag (2).
Step 7: Store at room temperature until shipping.
Step 8: Ensure you have completed this requisition form with any information needed.
Step 9: Ship all items in the return bag provided in each domestically shipped kit Monday-Friday.

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