

# **Preparing for OAT Dysbiosis**

## What is the purpose of this test?

To evaluate for intestinal dysbiosis by measuring the levels of organic acids that are byproducts of bacterial or fungal metabolism.

# What type of test is this?

Urine.

# How do I get this test?

Once you approve your estimate, we will send an order confirmation to the Encounter History section of your Patient Portal to let you know when your test kit has been ordered. You will receive the kit in the mail five to seven business days after we order it for you. Inside the box you will find the following:

- Instructions for sample collection and how to return it to the lab.
- A requisition form.
- The lab contact information should you have any test-specific questions.

*New York state residents:* Due to lab and state regulations, we are unable to ship this kit to an address in the state of New York, and you may \*not\* list a New York return address on the requisition form or on your return shipping label. Please ensure that you are shipping the completed kit from outside the state of New York. We cannot be held responsible for rejected samples should you complete and return the kits from inside the state of New York.

# Where do I find and how do I fill out the requisition order for this test?

Your test kit will come with a requisition form for you to complete and send back to the lab with your kit. Please complete the following on this form:

# Since this kit is mailed directly to you, please complete the following on the "Physician - Fill Out This Side" part of the form:

- Please checkmark to select your clinician's name on the top left side of the form.
- *Physician Signature*: on the signature line write "signature on file."
- Billing Options: checkmark to "bill healthcare professional practitioner account."
- *Potential ICD-9/ICD-10 Codes and Conditions*: do not add any information here.



- *Date Final Sample Collected*: fill in the date you collected your urine.
- Put a checkmark next to the "Organix Dysbiosis Profile #0097" test in the red box located on the top right side of this form. Do not mark any other tests.

#### Please complete the following on the "Patient - Fill Out This Side" part of the form:

- *Patient Information* box: fill in your information.
- Medicare Information Section: do not add any insurance information here.
- *Payment Information Section*: do not add any payment information here.
- Patient/Responsible Party Acknowledgement: print, date, and sign.

# How do I prepare in terms of diet, supplements, and medications?

- It is not necessary to discontinue nutritional supplements prior to this test.
- Decrease fluid intake to avoid excessive dilution of the urine:
  - For adults, restrict intake to three 8-ounce glasses or less for 24 hours prior to testing.
  - Make sure that no more than 8 ounces of fluid are consumed after 8:00 p.m. the evening prior to urine collection.

### Is the timing of this test important?

Do not collect urine during menstruation.

Make sure to freeze the clear-cap plastic vial and ice pack prior to collecting your sample.

For best results, the lab should receive your sample(s) within 48 hours of shipping it. This means you should ship on Monday, Tuesday, or Wednesday AM (latest) in order to ensure delivery by Friday, since the lab does not receive or process samples on the weekend.

### Was payment included in my invoice?

Yes, the test was included in your invoice, so please do not add any additional payment information on the requisition form.

## When will I see the results?

Results are generally sent to us within one to three weeks after the lab receives the kit back from you. Your clinician will review the results and then notify you through your Patient Portal.

# Where can I read more about this test?

https://www.gdx.net/product/organix-dysbiosis-test-urine