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1565 McGaw Ave. Suite B
 Irvine CA, 92614
 Phone: (800) 820-8803
 www.ihdlab.com

Client Services Training Checklist

Training Topic	Trainer	Trained Date	Observed Date	Trainee Initials	Trainer Initials
Day 1-2					
Microsoft Teams					
<input type="checkbox"/> Group Chat	Betty				
<input type="checkbox"/> Video Calls					
E-mails					
<input type="checkbox"/> Email Signature	Betty				
<input type="checkbox"/> Response time	Betty				
<input type="checkbox"/> Email Etiquette	Betty				
<input type="checkbox"/> Secure emails	Betty				
Phones *					
<input type="checkbox"/> Directory	Betty				
<input type="checkbox"/> Greetings and Etiquette	Betty				
<input type="checkbox"/> 8 x 8	Betty				
<input type="checkbox"/> E-voice	Betty				
<input type="checkbox"/> Recorded calls	Betty				
<input type="checkbox"/> Voicemail	Betty				
<input type="checkbox"/> Documentation	Betty				
<input type="checkbox"/> Answering Service	Betty				
*Trainee will listen in on Live Phone Calls after Day 4					
Faxes					
<input type="checkbox"/> Final Report	Betty				
<input type="checkbox"/> Prelim Report	Betty				
<input type="checkbox"/> Verification of Fax Received	Betty				
IHD Website					
<input type="checkbox"/> TAT, Test Requirements	Betty				
<input type="checkbox"/> IHD Certificates	Betty				
<input type="checkbox"/> Social Media	Betty				
<input type="checkbox"/> PSC Locations	Betty				
<input type="checkbox"/> Supply Orders	Betty				
Day 2					
LabDaq					
<input type="checkbox"/> Logins	Betty				
<input type="checkbox"/> Usage	Betty				
<input type="checkbox"/> How to run an open call report. (Both reports)	Betty				
<input type="checkbox"/> Important areas to view	Betty				
MicroAdvantage					
<input type="checkbox"/> Share Logins	Betty				
<input type="checkbox"/> Scan/Upload of documents	Betty				
<input type="checkbox"/> Search for documents	Betty				



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Requisition Forms					
<input type="checkbox"/> Paper Req.	Betty				
<input type="checkbox"/> EMR	Betty				
<input type="checkbox"/> Non IHD Req.	Betty				
Results					
<input type="checkbox"/> Authorization Form	Betty				
<input type="checkbox"/> Critical results					
Lab Nexus					
<input type="checkbox"/> Logins	Betty				
<input type="checkbox"/> Usage	Betty				
<input type="checkbox"/> How to reset pw for client.	Betty				
<input type="checkbox"/> How to search for pts report.	Betty				
Day 3-4					
Open Calls (TIQ's)					
<input type="checkbox"/> Review of Open Call Sheet	Betty				
<input type="checkbox"/> No DOB	Betty				
<input type="checkbox"/> Extra Tubes	Betty				
<input type="checkbox"/> No ordering physician	Betty				
<input type="checkbox"/> No test(s) ordered	Betty				
<input type="checkbox"/> Received other labs Req.	Betty				
<input type="checkbox"/> Unknown Send out	Betty				
<input type="checkbox"/> No gender	Betty				
<input type="checkbox"/> Patient name is unclear	Betty				
<input type="checkbox"/> Rejections	Betty				
<input type="checkbox"/> Physician not on file	Betty				
<input type="checkbox"/> Location not on file	Betty				
Add-ons					
<input type="checkbox"/> Identify send out lab	Betty				
<input type="checkbox"/> Stability Chart	Betty				
<input type="checkbox"/> Lab Form	Betty				
<input type="checkbox"/> Tracking	Betty				
Pickup Requests					
<input type="checkbox"/> Documenting	Betty				
<input type="checkbox"/> Notifications to Courier Manager	Betty				
Special Handling Specimens					
<input type="checkbox"/> STAT's					
<input type="checkbox"/> Critical Handling Specimens					
<input type="checkbox"/> Same Day Hormones					
COVID Testing					
<input type="checkbox"/> Hours for testing in lab	Betty				



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Shepherding Program					
<input type="checkbox"/> Notifications					
*Trainee will listen in on Live Phone Calls after Day 4					

Training Completion	
Employee Name:	
Title:	
Date:	

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HOW TO HANDLE PHONE CALLS

Response Time: Each employee must respond to all incoming emails within 10 minutes.

Purpose: This procedure is designed to assist in utilizing the proper skills and etiquette when answering the phones and emails at IHD.

1. INBOUND PHONE CALLS

1.1. Standardized Greeting

- 1.1.1. When answering the phone, the employee should consistently utilize the standardized greeting: ***“Thank you for calling Innovative Health Diagnostics, this is [employee name], how can I help you?”***
- 1.1.2. Always answer the phone with a smile in your voice, the caller(s) can tell. It is important to have a cooperative, non-aggressive tone.
- 1.1.3. Legally, the process of notifying that the call is recorded must be mentioned any time a new person is on the phone. If the first person you spoke to transfers you to another or hands off the phone, you must let the next individual as well.

Say:

“Hi, this is [employee’s name] from Innovative Health Diagnostics. I do need to let you know this call is being recorded for quality and training purposes” and then continue.

1.1. Ownership

Caller: ***“Hi, I need to get some results on a patient.”***

CS Representative: ***“Sure, I’m happy to help you get results.”***

1.2. Delivery of Information

1.2.1. Empathy

- 1.2.1.1. Show empathy when needed: ***“Sorry, I know this is frustrating, I am chatting with my supervisor while we’re talking for help on this”*** that way the caller knows what the silence is for.

1.2.2. Silence

- 1.2.2.1. Never let a caller ask, ***“Hello? Are you still there?”***

1.2.3. Hold Procedure

- 1.2.3.1. Always ask first if you may put a caller on hold. Check in at the 2-3 minute mark and offer a callback if investigating will take too long.

For example:

“Hi, thank you so much for holding. I will need a couple more minutes, are you okay to keep holding or did you want me to call you back?”

2. ENDING A CALL

2.1. Wrapping up

2.1.1. When ending a call or contact with a caller(s) always ask ***“Is there anything else I can help you with?”*** This ensures the caller’s needs are met and will ultimately eliminate additional calls being made. That question might prompt the caller to think, “oh wait, one more thing ...” and the CS rep. can resolve the next issue as well. This is referred to as first call resolution.

2.2. Closing

2.2.1. Say, **“Thank you for calling and have a nice day.”**
Any sort of pleasant departure will be remembered when the caller(s) needs to contact the office again.

2.3. Follow Through

- 2.3.1. Deliver on promises (send faxes, make callbacks, etc.)
- 2.3.2. Log the call.
- 2.3.3. Update the call log after every call.

3. OUTBOUND PHONE CALLS

3.1. Standardized Greeting

3.1.1. Legally, when making an outbound call CS representatives must advise the call is being recorded.

Say:

“Hi, this is [employee’s name] calling from Innovative Health Diagnostics. I do need to let you know this call is being recorded for quality and training purposes” and then continue.

This process of notifying that the call is recorded must be mentioned any time a new person is on the phone. If the first person you spoke to transfers you to another or hands off the phone, you must let the next individual as well.

4. ETIQUETTE

4.1. Manners

- 4.1.1. When on the phones, politeness is a must.
- 4.1.2. Tone is important with Communication via Email. It is important to use words and phrases with a cooperative, non-aggressive tone in emails because it can be difficult to determine tone in writing.
- 4.1.3. Utilize the words **“please”** and **“thank you”** they are very important tools.
- 4.1.4. Ask the caller(s) **“may I place you on hold?”**, **“would you like to leave a message?”**
Be attentive to the clients’ needs, we are here to help them.

4.1.5. When taking a caller(s) off of hold, say "thank you for holding".

4.2. Common Sense

4.2.1. Utilize common sense.

4.2.1.1. *"How would I like to be treated?"* is an accurate question for each employee to ask themselves.

4.2.1.2. Avoid confrontations at all times:

4.2.1.2.1. Unfortunately, not all clients are happy when they contact the laboratory

4.2.1.2.2. Be courteous and apologetic even if the problem is not within the laboratory
4.2.1.2.3. If the caller(s) is cursing or abusive, you do have the right to refuse service.

"If this conduct continues (sir or ma'am), I will be forced to end this call." is a standard comment for this situation.

4.3. Patience

4.3.1. A very important tool or asset to utilize is patience.

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TOP TIPS FOR PHONE CALLS

IMPORTANT:

- **If the caller asks where you are located or asks if you are an IHD employee,** respond with:
"Yes, I am an IHD employee, and I am located at Headquarters in Irvine, California."
- **If the caller insists for more geographical detail,** you can state that you recently moved and not familiar with the area.
- **If the caller persists further,** you can state you are not comfortable providing personal information but you are in Irvine, California and you are happy to help them and move on with their concerns.

1. **Preparation.** Have a fair idea of what you are going to say in advance of your telephone call. Have a mental script you can fall back on if the conversation wonders.
2. **Introduction.** When we meet people face to face, we often introduce ourselves with a handshake. On the phone we must do this verbally by greeting the caller(s) with genuine warmth.
3. **Listen.** In some ways, listening to your caller(s) is more important than speaking. Find out exactly what your caller(s) wants before attending to their needs. Always rephrase the caller's need. This establishes ownership and ensures the caller and CS representative are on the same page and the need is understood. This step is also helpful if there is confusion because the need can be clarified. If the CS rep. is confused, this is the opportunity to clarify what the caller needs.

For example:

Caller: "Hi, I need to get some results on a patient."

CS Representative: "Sure, I'm happy to help you get results."

4. **Build Rapport.** Most callers want to speak with a human being not a machine. Be yourself and keep it friendly.
5. **Speak Clearly.** Making yourself understood is a key principle of effective telephone customer service.
6. **Tone of Voice.** A friendly but authoritative manner works well. Develop your own phone personality and vary your vocal pitch to avoid sending the caller to sleep.
7. **Keep It Positive.** Make a list of words that sound upbeat and use them. Avoid using negative words and phrases on the telephone such as:

- "That's not possible"
- "Forget it"
- "Why didn't you"
- "I don't know"
- "Never heard of it"
- "It's against policy"
- "No can do"

8. Putting callers on-hold. If you must leave the caller(s) at any time, make sure you explain what, why and for how long. Offering to call the caller(s) back demonstrates courtesy and a willingness to help. Always ask first if you may put a caller on hold. Check in at the 2-3 minute mark and offer a callback if investigating will take too long.

For example:

“Hi, thank you so much for holding. I will need a couple more minutes, are you okay to keep holding or did you want me to call you back?”

9. Think out loud. Thinking out loud is better than the caller hearing silence. No caller wants to hear silence and you never want the caller to ask, “Hello, are you there?”

Use phrases such as, **“I’m checking,” “Please bear with me.”**

10. Transferring Calls. One thing that can turn away customers, is constant transferring. Ensure you know how your telephone customer service system works and always get the callers details before you transfer them, so you can call them back if need be.

11. Use Voicemail Effectively. Properly compose your voicemail before delivering it. Rehearse announcements before recording them on your phone.

12. Dealing With Difficult Calls. Try to think why the caller is acting the way they are and do not take what people say to you as a personal insult. Do not lose your temper and keep your attention on the facts. Try to get your customer’s agreement as a way forward to resolving the call.

13. Closing the call. Make sure you give assurance that any promises you have made will be fulfilled. Thank the caller and let them know their business is appreciated. Your ultimate aim should be that the caller remembers their telephone customer service experience in a positive way.

And here’s a special bonus tip:

The Golden Rule. Always treat your customers exactly how you want to be treated yourself.

By following these telephone customer service tips, not only will you communicate effectively with your customers' - you will positively impact your company's bottom line.

HOW NOT TO RESPOND TO PHONE CALLS

Avoid the following phrases:

- "I don't know"
 - "No, I can't"
 - "No"
 - "You will need to call back"
 - "Hold on"
 - "We are short staffed today"
 - "I'm really busy so I need to call you back"
1. Don't transfer the call multiple times! Two contacts should be the maximum.
 2. Don't let the phone ring more than three times!
 3. Don't pick up a call that's not yours!
 4. No eating or chewing while on the phone.
 5. Don't forget to call back or follow through when you said you would.













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REFERENCE LABORATORIES

LABORATORY	USE	CONTACT
BIO LAB LABORATORY	Main reference laboratory.	Phone: (909)718-4592
STERLING PATHOLOGIES	Chromosome analysis.	Phone: (562)799-8900
BACH DIAGNOSTICS	Confirmation drug testing.	Phone: 1(800) 544-4181 Ext:1

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TYPES OF SAMPLES

Specimen Collection Devices	Use		Specimen Collection Devices	Use	
SST/TIGER TOP	Used to collect blood for clinical biochemistry and immunology		RED TOP	For serum determinations in chemistry and serology, and for toxicology and drug testing.	
LAVENDER TOP	K2 EDTA for whole-blood hematology determinations and immunohematology testing (ABO grouping, Rh typing, Antibody screening)		ACD A YELLOW TOP	Used to obtain a whole blood or plasma sample	
LIGHT BLUE TOP	For coagulation determinations.		URINE TUBE	Single use tubes designed for collection, storage and transport of urine specimens for chemistry dipstick and automated sediment examination for in vitro diagnostic use.	
ROYAL BLUE TOP	For whole blood heavy metal testing.		URINE CUP	For urine, blood, and semen sample testing	
GRAY TOP	For glucose determinations.		THINPREP	For sample collection of Pap, HPV, chlamydia/gonorrhea, and trichomoniasis testing	
GREEN TOP	For plasma determinations in chemistry. Use only sodium heparin green-top tubes for all cytogenetic testing.	 Sodium Heparin	 Lithium Heparin		

MOST COMMON TESTS RUN

Panel No.	Panel Name	Specimen Collection Device
4108	PAP Smear, ThinPrep w/ reflex HPV (ASCUS or greater)	Thin Prep
4402	Neisseria gonorrhoea (NG)/ Chlamydia trachomatis (CT)	Aptima Tube
6547	COVID-19 Nasal/Nasopharynx	Swab
7001	Lipid Panel	SST
7003	Comprehensive Metabolic Panel (CMP)	SST
8000	Complete Blood Count (CBC) w Diff	SST
8500	Vitamin D, 25-OH	SST

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Obtain all Test Stability information from the IHD Website

1. Click the link: <https://www.ihdlab.com/test-menu>
2. The **Stability** can be found in the **Stability/Notes** column.
3. Use the **Search bar** to look up a specific test.

Laboratory Test Menu

Browse our list of tests

Panel Number ↑↓	Panel Name ↑↓	Status ↑↓	Stability/Notes ↑↓	Sample Collection Device ↑↓	TAT ↑↓	Test Schedule ↑↓
6547	COVID-19, Nasal/Nasopharynx	Active	Room temperature: 5 days Refrigerated (2-8° C): 5 days Frozen (-20° C): Acceptable Frozen (-70° C): Acceptable	Swab	2 days	Daily - Sunday through Saturday

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FORMS

Form	Use	MEDIALAB DOCUMENT #
ATTESTATION FORM	Use for unlabeled, mislabeled, and/or samples with a missing second identifier.	137544.1105
SPECIMEN REJECTION NOTICE FORM	Use when the lab rejects a sample.	137544.1190
TEST CLARIFICATION AND ADD-ON FORM	Use when clients call in to request a test add on.	137544.934
AUTHORIZATION FOR RELEASE OF TEST REPORTS TO PATIENTS	Use when patients call in to request test results.	137544.22
AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION OR MATERIALS	Use when a cytology, histology slides, and/or paraffin blocks are requested	137544.626

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SUBPOENAS/LEGAL CALLS

Client Services representatives handle all Subpoenas/Legals calls by contacting the CS Supervisor.

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GLOSSARY

Common Abbreviations	Full Test Name
ALP	ALKALINE PHOSPHATASE
ALT	ALANINE AMINOTRANSFERASE
ANA	ANTINUCLEAR ANTIBODY
ANCA	ANTI NEUTROPHIL CYTOPLASMIC ANTIBODIES
ASO	ANTI-STREPTOLYSIN O
AST	ASPARTATE AMINOTRANSFERASE
BMP	BASIC METABOLIC PANEL
BV	BACTERIAL VAGINOSIS
CBC	COMPLETE BLOOD COUNT
CK/CPK	CREATINE KINASE/CREATINE PHOSPHOKINASE (CK=CPK)
CMP	COMPREHENSIVE METABOLIC PANEL
CMV	CYTOMEGALOVIRUS
CRP	C-REACTIVE PROTEIN
CT/NG	CHLAMYDIA AND GONORRHEA
CV/TV	CANDIDIASIS AND TRICHOMONIASIS
*GTT	GESTATIONAL TOLERANCE TEST
*GGT	GAMMA-GLUTAMYL TRANSFERASE TEST
HAV	HEPATITIS A VIRUS
HbA1c	HEMOGLOBIN A1C (GLYCOHEMOGLOBIN)
HBsAb	HEPATITIS B SURFACE ANTIBODY
HBsAg	HEPATITIS B SURFACE ANTIGEN
HBV	HEPATITIS B VIRUS
HBcAb	HEPATITIS B CORE ANTIBODY
HCV	HEPATITIS C VIRUS
HPV	HUMAN PAPILLOMAVIRUS
LD/LDH	LACTATE DEHYDROGENASE
RA	RHEUMATOID FACTOR
RPR	RAPID PLASMA REAGIN
TPO	THYROID PEROXIDASE ANTIBODY
TSH	THYROID STIMULATING HORMONE
UA	URINALYSIS
UPCR	URINE PROTEIN CREATININE RATIO (TOTAL)
VCA	EPSTEIN-BARR VIRUS
VZV	VARICELLA ZOSTER VIRUS
ZPP	ZINC PROTOPORPHYRIN
Terminology	
OB PANEL	OBSTETRIC PANEL
TP	THIN PREP
RUBEOLA	MEASLES

GLOSSARY

RESULTS PORTALS

LABDAQ	Laboratory Information System: Views all patient results. Add/Remove/Change results
LABNEXUS	Clients can view preliminary/ final results from LabDaq
PRECISEQ	Clients with PQ set up can view Covid results
EMR	Clients can set up to order tests electronically

OTHER

TURN AROUND TIMES (TAT)	The estimate time clients can expect to receive results
SHORT TURN AROUND TIMES (STAT)	Immediately/without delay/ASAP
SAME DAY HORMONES (SDH)	Test results received the same day that are resultated by 3PM.

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MYIHDLAB.COM PATIENT PORTAL Internal User Manual

September 2022



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		19	FAQ

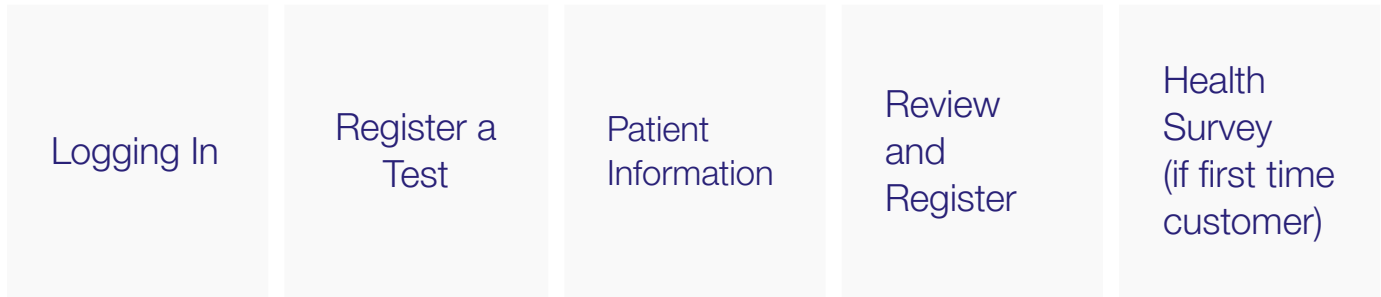


TEST REGISTRATION USER FLOW

When a customer receives their kit, the card insert sent in the kit will instruct the patient to visit myihdlab.com and register their code.



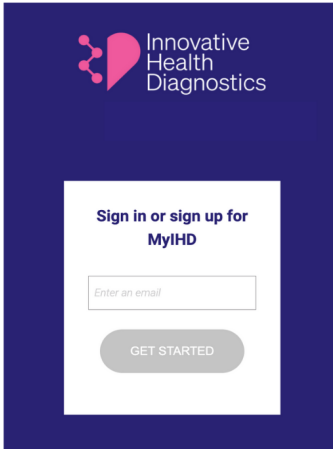
User Flow



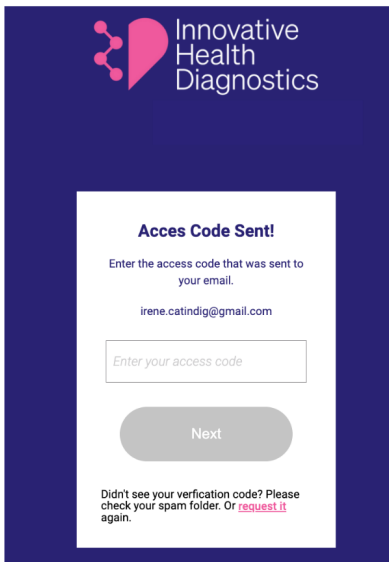
When a user enters their registration code on MyIHDLab.com, the code on the **Kits** page in the Operating Management System (OMS) will switch from NO to YES under the Used column.



LOGGING IN



On myihdlab.com, the customer will log in with their email.



When the email address is entered, the customer will receive a **verification code/access code at the email given. They will use this code** to enter the website. The code expires after 5 minutes.

IMPORTANT: The access/verification code is different from the registration code.

Access/verification code is the generated number you receive in your email inbox after you've entered your email address to login to myihdlab.com.

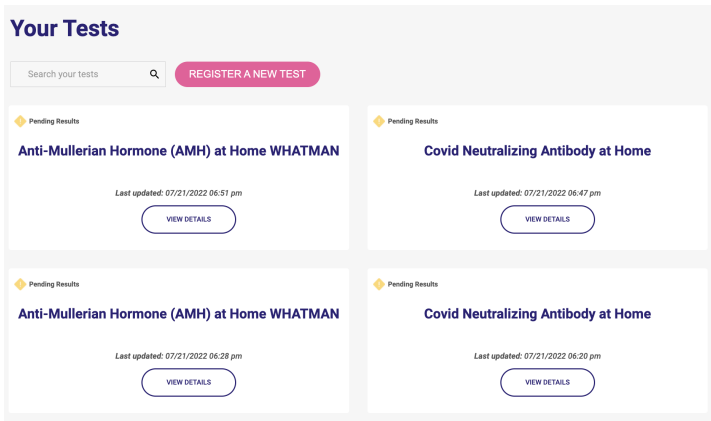


Registration code is the unique code on the card insert in the kit that associates a person with a kit.

HOME PAGE

Where the customer can register a test.
 If the user has registered and taken a previous test, their other tests will also be accessible on this page. If they are a first time user, there will be no other tests listed.

Previous User

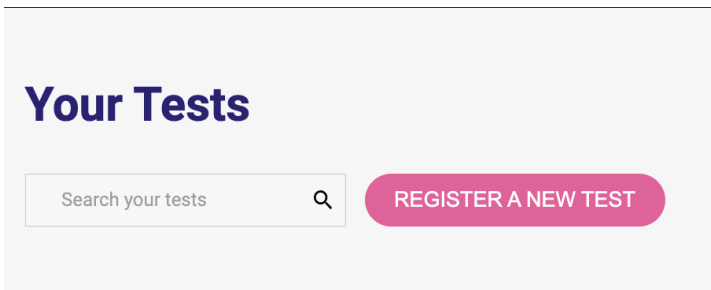


Your Tests

Search your tests [REGISTER A NEW TEST](#)

<p>Pending Results</p> <p>Anti-Mullerian Hormone (AMH) at Home WHATMAN</p> <p>Last updated: 07/21/2022 06:51 pm</p> <p>VIEW DETAILS</p>	<p>Pending Results</p> <p>Covid Neutralizing Antibody at Home</p> <p>Last updated: 07/21/2022 06:47 pm</p> <p>VIEW DETAILS</p>
<p>Pending Results</p> <p>Anti-Mullerian Hormone (AMH) at Home WHATMAN</p> <p>Last updated: 07/21/2022 06:28 pm</p> <p>VIEW DETAILS</p>	<p>Pending Results</p> <p>Covid Neutralizing Antibody at Home</p> <p>Last updated: 07/21/2022 06:20 pm</p> <p>VIEW DETAILS</p>

First Time User



Your Tests

Search your tests [REGISTER A NEW TEST](#)



KIT REGISTRATION

To get started, the user will enter the **Registration Code** found on the card insert they received in their kit.



1. Registration

First Name

Last Name

Date of Birth

Phone

2. Video instruction

Scan the QR image using your smart phone to access our paper and video instruction.

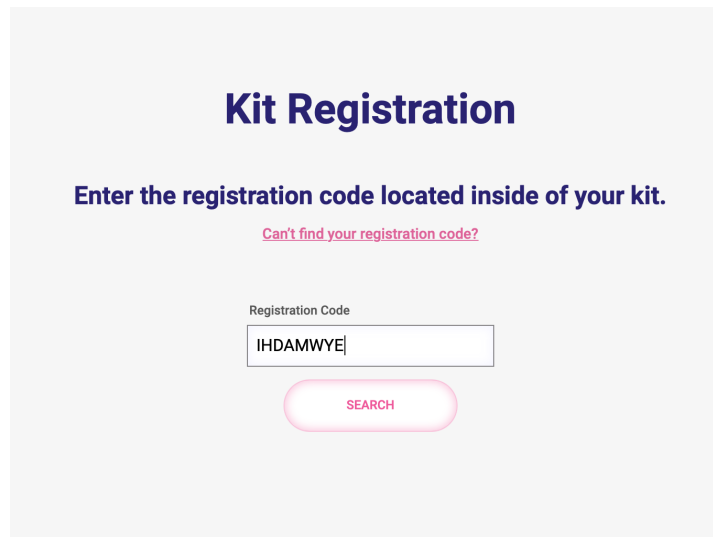
3. Return this card along with your sample

Scan the QR image using your smart phone to register this kit.

This is your unique registration code

IHDAMH23D

DO NOT DISCARD



Kit Registration

Enter the registration code located inside of your kit.

[Can't find your registration code?](#)

Registration Code

If the registration code is found, the user will receive the following message and should select YES. (Note the Registration Code is currently not case sensitive).



Kit Registration

Kit Found!

Is it Anti-Mullerian Hormone (AMH) at Home WHATMAN?

YES

NO SEARCH AGAIN

If the user cannot find their registration code, they can select “Can’t find your registration code?”

Kit Registration

Enter the registration code located inside of your kit.

[Can't find your registration code?](#)

A pop-up will instruct the user on how to find the Registration Code on their card insert.



The registration code is the number underneath the barcode on the sticker.



PATIENT

In order to proceed, the user must indicate that the person registering this test must be the test taker or the legal guardian.



Kit Registration

Are you the patient or legal guardian of the test taker for this kit?

In order to proceed, you must check the box to confirm that you are.

I am the patient or legal guardian.

NEXT

< BACK

Tell us about yourself.

The user will be asked for the patient information.

Kit Registration

Patient Information

All fields that required are indicated with an *.

<p>First Name *</p> <input type="text" value="Enter first name"/>	<p>Middle Name</p> <input type="text" value="Enter middle name"/>	<p>Last Name *</p> <input type="text" value="Enter last name"/>
<p>Phone Number *</p> <input type="text" value="Enter phone number"/>	<p>Date of Birth *</p> <input type="text"/>	<p>Sex assigned at birth *</p> <input type="text" value="Select"/>
<p>Address Line 1 *</p> <input type="text" value="Enter address line 1"/>	<p>Address Line 2</p> <input type="text" value="Enter address line 2"/>	
<p>City *</p> <input type="text" value="Enter city"/>	<p>State *</p> <input type="text"/>	<p>Zip Code *</p> <input type="text" value="Enter zip code"/>

Why do we ask for this information? We need this information in order to process your test and provide accurate results. Your data is secure and we keep it safe. Read our [Privacy Policy](#).

Next

< BACK

The user will be asked to review and accept the Patient Consent form:



Kit Registration

Patient Consent

1 of 2

You must read and accept this to continue.

INFORMED CONSENT FOR TESTING

(1) Description. I have requested that MD Tox Laboratory d/b/a Innovative Health Diagnostics ("Laboratory") perform the laboratory tests I selected while registering with Laboratory. Laboratory is certified to perform testing under the Clinical Laboratory Improvement Amendments of 1988 ("CLIA") and applicable state law. Where required by state law, Laboratory will perform the test(s) only upon the order of an authorized practitioner.

(2) Explanation of Test Results. The result(s) of the laboratory test(s) that Laboratory performs will indicate as positive, negative or inconclusive. If I have questions regarding the purpose, reliability, limitations, and risks and benefits of the test(s) Laboratory performs, I understand that I can contact cs@ihdlab.com.

I understand that while the testing offered by Laboratory may help diagnose certain conditions, the test results provided by Laboratory do not alone constitute medical care or . After reviewing my test results, I should consult my usual healthcare provider or,

By checking this box, I am signing this Informed Consent for Testing, acknowledging that I:

- (1) have received and read or had read to me information about the tests Laboratory performs, including the purposes and possible risks and lack of reliability of the results;
- (2) understand the information provided to me; and
- (3) have all the information I want and need in order to agree to the Informed Consent for Testing.

Next

The user will then review and accept the Informed Consent for Telemedicine form:

Kit Registration

Patient Consent

2 of 2

You must read and accept this to continue.

(e.g., poor resolution of images) preventing appropriate medical decision making by the health care provider, failure of security protocols resulting in a breach of privacy of personal medical information, loss of patient information due to technical failures, a lack of access to complete medical records, and delays in medical evaluation and treatment due to deficiencies or failures of the equipment/technology.

Privacy and Security of Your Medical Information. Physician will protect the privacy and security of medical information in accordance with applicable laws. For example, Physician will share medical information with others only as permitted by HIPAA or applicable state law. Depending on the third party to whom the medical information will be disclosed, and the applicable law, Physician may be required to obtain consent before sharing the medical information. More information about the privacy and security of your medical information, as well as the right to access medical information, is contained in our Notice of Privacy Practices.

Additionally, Physician adheres to industry and legal security and privacy standards in the delivery of telemedicine services, which may include encryption. While Physician adheres to industry and legal standards for health care privacy and security, there is still a risk that the medical information will be accessed by an unauthorized third party.

By checking this box, I am signing this Informed Consent for Telemedicine, and agree that:

- (1) understand that Physician is responsible for determining whether or not the medical condition being diagnosed and/or treated is appropriate for a telemedicine encounter;
- (2) understand that there is a risk of technical failures during the telemedicine encounter beyond the control of Physician, and I agree to hold harmless Physician for delays in evaluation or for information lost due to such technical failures;
- (3) The use of telemedicine is appropriate for the circumstances;
- (4) understand the risks and benefits of telemedicine as they have been explained to me;
- (5) have had my questions regarding telemedicine answered; and
- (6) consent to the use of telemedicine in my medical care.

NEXT

NOTE: Users who select STI Basic or STI Comprehensive tests will have to review and accept two additional consents for HIV disclosure and reporting.



REVIEW

The user has the opportunity to edit their information before confirming. Once confirmed, they will select **“Complete Registration”**.

Kit Registration

Kit Information

Registration Code: IHDCNAR7

Test Name: Covid Neutralizing Antibody At Home

Personal Information

First Name: Irene

Middle Name:

Last Name: Catindig

Date Of Birth: 2000/01/01

Sex Assigned At Birth: Female

Contact Information

Email:

Phone Number: 6266747702

Street 1: 375 East 2nd Street

Street 2: APT 319

City: Los Angeles

State: CA

Zipcode: 90012

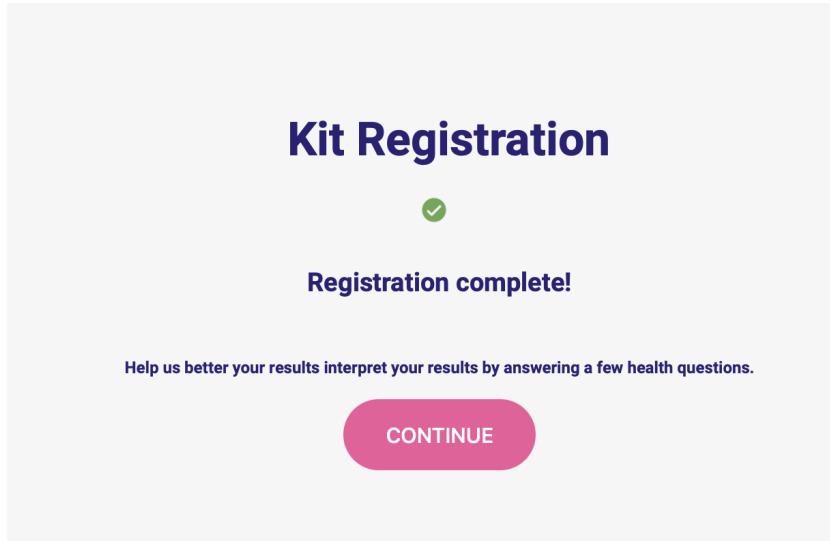
COMPLETE REGISTRATION

CANCEL



HEALTH SURVEY

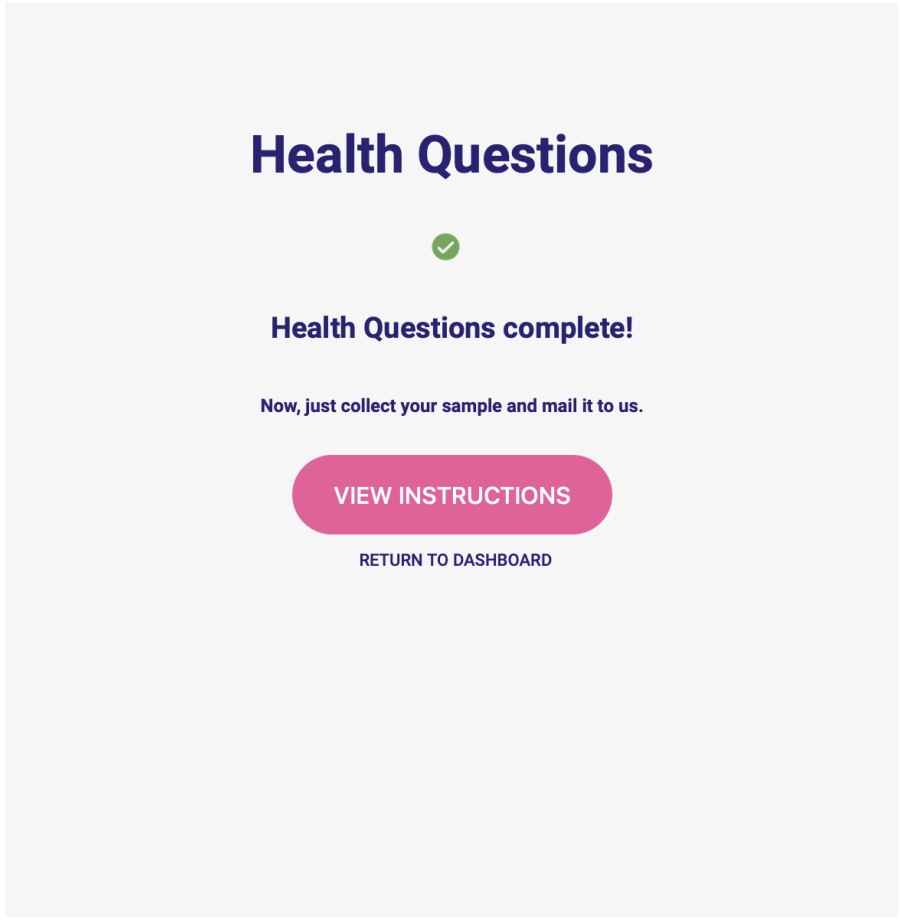
If the customer is a first time user, they will be prompted to take a 10-question health survey.



- 1) What's your height?
- 2) What's your weight?
- 3) What race do you identify as?
- 4) What ethnicity do you identify as?
- 5) Do you have a primary care provider - yes or no?
- 6) Do you have a history of any of the following diseases? (list of diseases)
- 7) Does your **family** have a history of any of the following diseases? (list of diseases)
- 8) How many days per week do you engage in exercise?
- 9) How often do you have a drink containing alcohol?
- 10) How often do you use tobacco?



Once the health survey is completed, the user can choose to view instructions which will link them to <https://www.ihdlab.com/at-home-test-instructions> or return to their dashboard.



Health Questions

✓

Health Questions complete!

Now, just collect your sample and mail it to us.

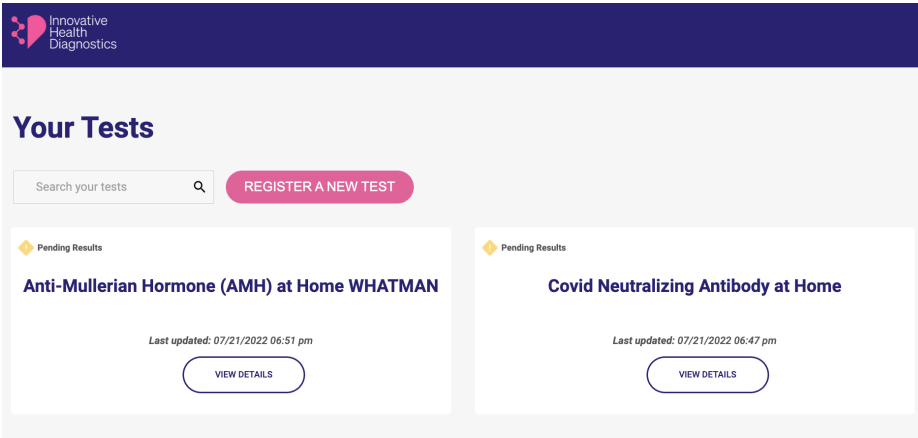
VIEW INSTRUCTIONS

[RETURN TO DASHBOARD](#)



YOUR TESTS

The user can access their **registered** tests and **test results** from the homepage by clicking “View Details”



Your Tests

Search your tests REGISTER A NEW TEST

Pending Results

Anti-Mullerian Hormone (AMH) at Home WHATMAN

Last updated: 07/21/2022 06:51 pm

[VIEW DETAILS](#)

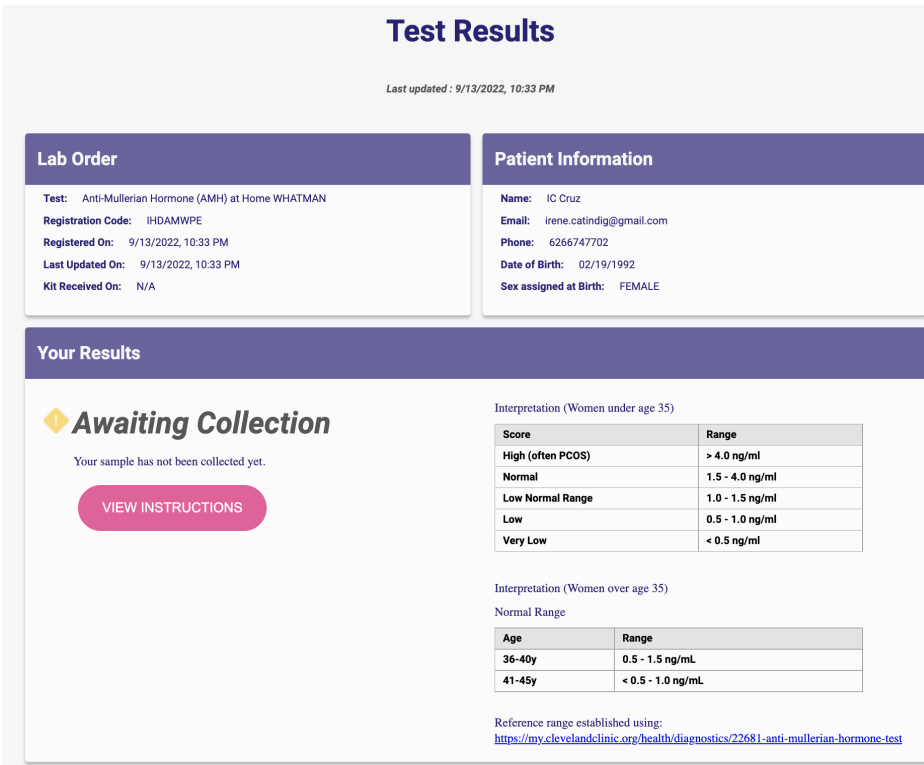
Pending Results

Covid Neutralizing Antibody at Home

Last updated: 07/21/2022 06:47 pm

[VIEW DETAILS](#)

If their sample has not been collected yet, the user will see an **Awaiting Collection** notification and can select **view instructions** to receive directions on how to collect their sample.



Test Results

Last updated : 9/13/2022, 10:33 PM

Lab Order

Test: Anti-Mullerian Hormone (AMH) at Home WHATMAN

Registration Code: IHDAMWPE

Registered On: 9/13/2022, 10:33 PM

Last Updated On: 9/13/2022, 10:33 PM

Kit Received On: N/A

Patient Information

Name: IC Cruz

Email: irene.catindig@gmail.com

Phone: 6266747702

Date of Birth: 02/19/1992

Sex assigned at Birth: FEMALE

Your Results

Awaiting Collection

Your sample has not been collected yet.

[VIEW INSTRUCTIONS](#)

Interpretation (Women under age 35)

Score	Range
High (often PCOS)	> 4.0 ng/ml
Normal	1.5 - 4.0 ng/ml
Low Normal Range	1.0 - 1.5 ng/ml
Low	0.5 - 1.0 ng/ml
Very Low	< 0.5 ng/ml

Interpretation (Women over age 35)

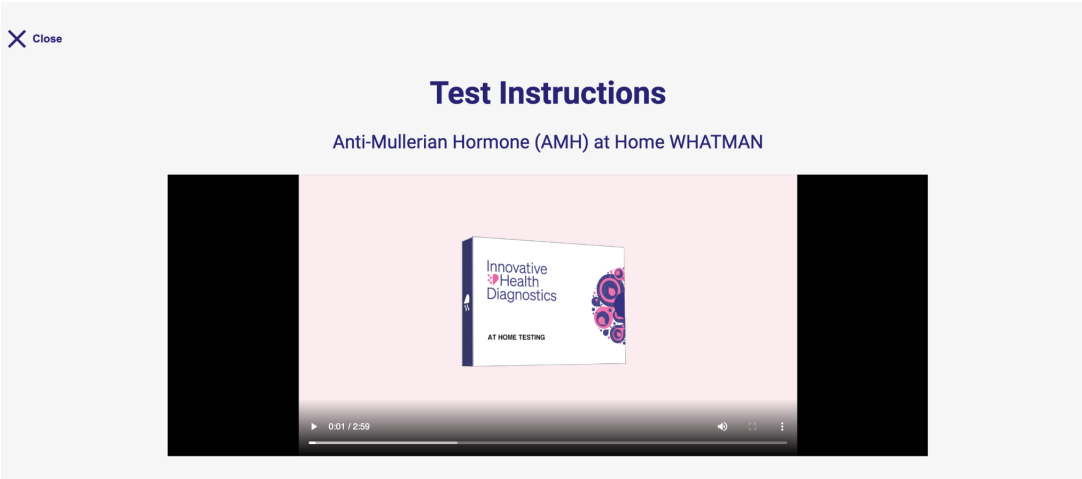
Normal Range

Age	Range
36-40y	0.5 - 1.5 ng/mL
41-45y	< 0.5 - 1.0 ng/mL

Reference range established using:
<https://my.clevelandclinic.org/health/diagnostics/22681-anti-mullerian-hormone-test>





The **test instructions** pop-up includes an instructional video and step-by-step infographic on how to collect a sample.





Step-by-Step


READ ALL STEPS CAREFULLY


- 

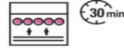
1 Place card on a clean dry surface. Print your name and date on the Whatman card.
- 


2 Wash hands in very warm water. Vigorously shake hands. Massage selected hand. Vigorously rub the selected finger stick area. Let your hand hang at your side and shake it back and forth for 15-20 seconds.
- 

3 Wipe the middle and the ring finger of your non-dominant hand with alcohol wipe then wait for 30 seconds.
- 

4 Twist and pull the green lancet cap straight out. Press the safety lancet tip firmly against the tip of middle or ring finger to activate the device.
- 

5 Allow blood to drip into the circles, and ensure all of the circles on the collection card are filled.
- 

6 Do not rub or smear (allow full drops to form and freely fall onto the paper). Do not allow multiple drops in the same circle (no overlapping). Do not use heat to assist drying.
- 

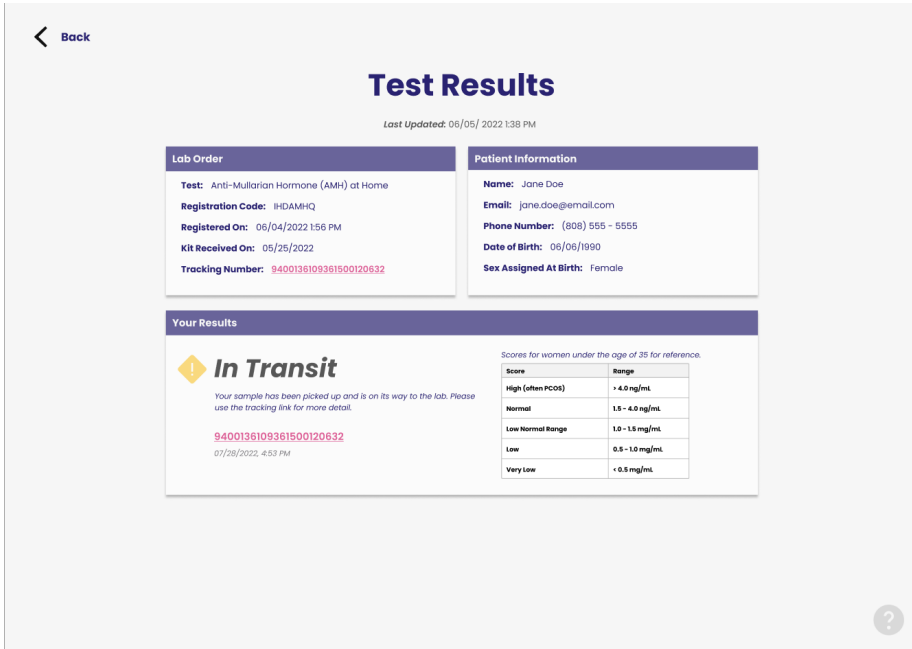
7 Leave card out for 30 minute or until completely dry.
- 

8 Apply band-aid to finger when finished.

[DOWNLOAD PDF](#)



When the user has sent their sample to the lab, their **Test Results** will change to **In Transit**. They can then track the package for shipping status and arrival.



Test Results
Last Updated: 06/05/2022 1:38 PM

Lab Order	Patient Information
Test: Anti-Mullarian Hormone (AMH) at Home Registration Code: IHDAMHQ Registered On: 06/04/2022 1:56 PM Kit Received On: 05/25/2022 Tracking Number: 9400136109361500120632	Name: Jane Doe Email: jane.doe@email.com Phone Number: (808) 555 - 5555 Date of Birth: 06/06/1990 Sex Assigned At Birth: Female

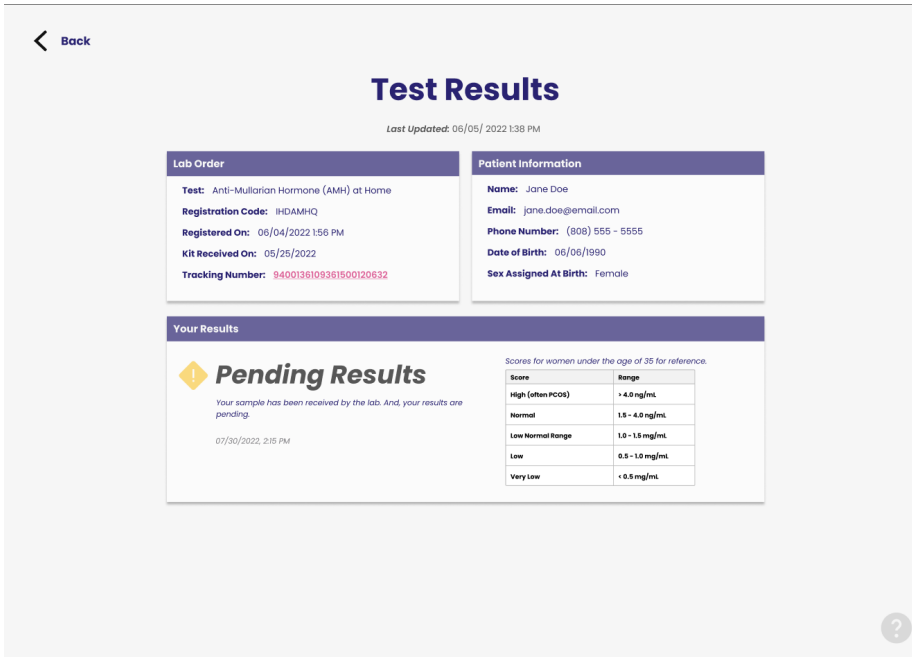
Your Results

In Transit
Your sample has been picked up and is on its way to the lab. Please use the tracking link for more detail.
9400136109361500120632
07/28/2022, 4:53 PM

Scores for women under the age of 35 for reference.

Score	Range
High (often PCOS)	> 4.0 ng/mL
Normal	1.5 - 4.0 ng/mL
Low Normal Range	1.0 - 1.5 ng/mL
Low	0.5 - 1.0 ng/mL
Very Low	< 0.5 ng/mL

When the lab has received the user's sample, the **Test Results** status will change to **Pending Results**.



Test Results
Last Updated: 06/05/2022 1:38 PM

Lab Order	Patient Information
Test: Anti-Mullarian Hormone (AMH) at Home Registration Code: IHDAMHQ Registered On: 06/04/2022 1:56 PM Kit Received On: 05/25/2022 Tracking Number: 9400136109361500120632	Name: Jane Doe Email: jane.doe@email.com Phone Number: (808) 555 - 5555 Date of Birth: 06/06/1990 Sex Assigned At Birth: Female

Your Results

Pending Results
Your sample has been received by the lab. And, your results are pending.
07/30/2022, 2:15 PM

Scores for women under the age of 35 for reference.

Score	Range
High (often PCOS)	> 4.0 ng/mL
Normal	1.5 - 4.0 ng/mL
Low Normal Range	1.0 - 1.5 ng/mL
Low	0.5 - 1.0 ng/mL
Very Low	< 0.5 ng/mL



Once a user's test results have come in, they will receive an email notification and be directed back to **My Tests** to access their results.

<
Back

Test Results

Last Updated: 06/05/2022 1:38 PM

Lab Order

Test: Anti-Mullerian Hormone (AMH) at Home

Registration Code: IHDAMHQ

Registered On: 06/04/2022 1:56 PM

Kit Received On: 05/25/2022

Tracking Number: 9400136109361500120632

Patient Information

Name: Jane Doe

Email: jane.doe@email.com

Phone Number: (808) 555 - 5555

Date of Birth: 06/06/1990

Sex Assigned At Birth: Female

Your Results

.30

ng/ml

Very Low

Scores for women under the age of 35 for reference.

Score	Range
High (often PCOS)	> 4.0 ng/ml
Normal	1.5 - 4.0 ng/ml
Low Normal Range	1.0 - 1.5 ng/ml
Low	0.5 - 1.0 ng/ml
Very Low	< 0.5 ng/ml

This result is determined by scores for women under the age of 35. A **very low** score suggests that you have a diminished ovarian reserve.

06/01/2022, 8:08 AM

?

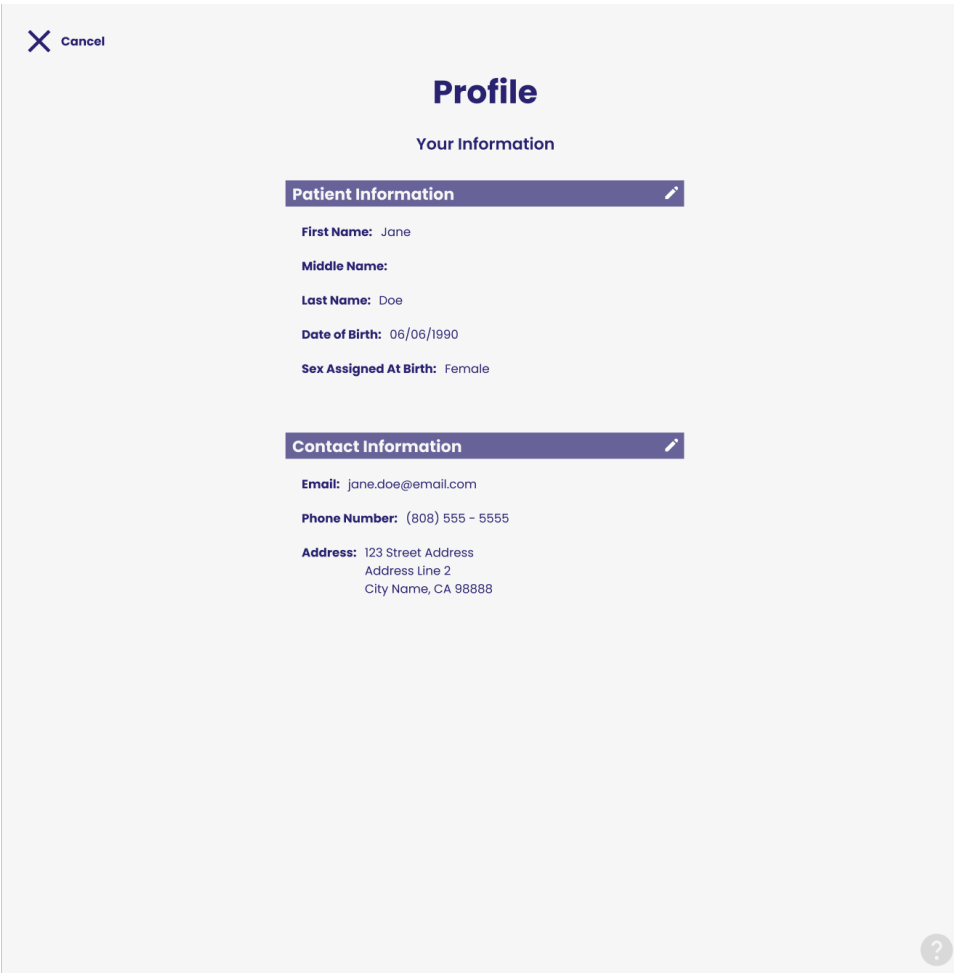


PROFILE

The user can access and edit their customer information by clicking on the user icon and selecting **Profile**.



The user can then access and edit the customer information they provided when registering their first test.



The screenshot shows a modal window titled "Profile" with a "Cancel" button in the top left. The main heading is "Profile" followed by "Your Information". There are two sections, each with a header and an edit icon:

- Patient Information**
 - First Name: Jane
 - Middle Name:
 - Last Name: Doe
 - Date of Birth: 06/06/1990
 - Sex Assigned At Birth: Female
- Contact Information**
 - Email: jane.doe@email.com
 - Phone Number: (808) 555 - 5555
 - Address: 123 Street Address
Address Line 2
City Name, CA 98888

A question mark icon is visible in the bottom right corner of the modal.



FAQ's

Frequently Asked Questions:

1. **What is my password?** We don't use passwords to log into MyIHDLab.com. The user simply enters their email address and an access code is emailed to them. Have them check their spam folder if they don't see it. And they can click on "request it again" on the signup page to have the access code resent to them.
2. **My access code is not working.** Have them take a screenshot and send it to you. Make sure they are trying to put the access code into the login page and not the test registration page. If they are entering the access code correctly and it's still not working, have them refresh their browser and click on the "request it again" link on the signup page to have a new one sent to them. **If trouble persists, please reach out to amorga@ihdlab.com.**
3. **I can't find my registration code to register a test.** Have them look in their test kit box to find the registration card. On the card will be a sticker with a bar code and below that is their registration code.
4. **MyIHDLab can't find the test for the registration code I entered.** Have them take a screenshot of what they entered. Make sure they are entering a registration code and not an access code. A registration code will start with IHD while an access code will be all numbers. Also make sure they are not entering a space at the end of the code they enter. **If trouble persists, please reach out to amorga@ihdlab.com.**
5. **I sent my specimen back but haven't heard anything.** Log into IHDLabApp.com (this is IHD's order management system), go to customer and click on the shipping tracking link to see where the package is and let them know its status.
6. **Where are my results?** Have the patient log into MyIHDLab.com and look for the registered test. A test that has been successfully registered will show up in a box on the main page/dashboard. At the bottom of that block is a More Details link. Have them click on it and they will see their results, if any. If it has been over a week since they say they sent the kit, **please refer to amorga@ihdlab.com for further investigation.**
7. **I got my results and I'm concerned. What should I do?** Please refer them to their own physician to review and discuss their results.
8. **When are you going to offer more tests?** We have several more in the pipeline and have them sign up to our newsletter on IHDLab.com to be the first to know when we launch more.
9. **Can I get my level of Covid Neutralizing Antibodies for the Cnab test?** The Covid Neutralizing Antibody test does not tell you the level of antibodies that are present in your blood. The test only tells you if these specific antibodies are present or not. Further, the test does not tell you if the neutralizing antibodies present are from the infection or the vaccine.

Here is a training video that reviews MyIHDLab.com:

<https://www.loom.com/share/c81a09e6fd064110bbc60cccd5cc6de8>



ORDER MANAGEMENT SYSTEM (OMS)

User Manual

September 2022



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GLOSSARY

Accessioner	A person in the lab who opens the returned kit, takes out the components and starts processing the test
Analyzer	The machine/instrument a test is run on
Collectors	The name of people who collect specimen samples, like swabbing an nose for a Covid-19 test, onsite
DBS	Dry blood spot; this refers to a collection method of blood; there are several types of DBS collection devices: ADX100, Whatman card, Hemaspot; the test type will indicate the collection device and that information will be collected by the assigned analyzer in Labdaq [different lab instruments are used for the different collection devices]
IHOM	How the engineering team refers to the IHD Order Management System
Kits	These are the physical kits that are put together by IHD's internal fulfillment team; they consist of IHD labeled boxes that contain instructions sheets, a registration card with a registration code on a label underneath a bar code, and items to collect the require specimen (e.g., a dry blood spot card, lancet, urine cup, etc.)
Kit Orders	Orders that flow to the OMS from the IHD website hosted on Wix (www.ihdlab.com)
Lab Kit	Contains panel details
Lab	The physical laboratory (IHD has 3 - Irvine, CA, Glendale, CA, and Brooklyn, NY)
Labdaq	The Laboratory Information System (LIS) that IHD uses and was built by CGM. This is laboratory-specific enterprise software.
Lab Orders	<p>Once a customer registers a test and becomes a patient, a lab order is created in OMS and in Labdaq. A Lab Order tracks the progress of the patient's sample to the lab and through to results. Lab Orders have a few statuses:</p> <ul style="list-style-type: none"> ● New- A test was registered but order has not pushed



into Labdaq

- **Submitted**- When chron job runs and the lab order is pushed to Labdaq
- **Kit Received**- When accessioner receives the kit, they go into Labdaq and indicate kit received
- **Completed**- The lab finished processing the test, pushes the result to Labdaq and Labdaq pushes to SFTP and then OMS picks up the result from SFTP -that's when the lab order is marked as completed
- **Rejected**- The kit was received and accessioner rejects it, keys in reason into Labdaq, which pushes to the SFTP and OMS picks up the rejection and updates to lab order to this status
- **Canceled**- Not currently used; doesn't matter what lab does

Organization

This is a company (e.g., Disney), DTC channel (e.g., IHD), or a partner that offers DTC tests (e.g., Everlywell, Checlabs, Hims, Kindbody, etc.)

Panel

Creation of a test that incorporates several tests; a list of tests; must belong to an Organization

Patient

A customer who registers a test

Phlebotomists

Do blood draws

Provider

Refers to a doctor or doctor practice/clinic

Registration Code

A unique identifying code that a customer uses to register their test; registration codes start with a organization identifier, followed by a test identifier, then a random series of numbers and letters. For example: IHDAMH23D - this registration code means it's for the IHD organization and for an AMH test. Registration codes may only be used once per test per Patient.



Sample	This is what is collected from a person to be tested
Specimen Type	The type of sample collected; e.g., blood, swab, urine
Tech	A testing admin – they check-in patients at collection pop ups or events; they can be collectors or phlebotomists
Telemedicine	A company that offers remote/virtual consultations with providers. Telemedicine consults are often required by states before a test can be processed.
Test	What a kit becomes once registered; this was referred to as Test type in PQ
TNP	Stands for “test not performed”; it’s found in results



LOGGING IN

Enter email address

Sign In

Log in with the verification code that was emailed to you. The verification code expires in 5 minutes. This email is how your access is created and you will need to use this same email the next time you log in

Verify

A verification code was sent to you in the email you entered, please enter the verification code below to login.










Didn't see your verification code? Please check your spam folder. Or [request](#) it again.



MAIN MENU

Click the on the top left hamburger menu to quickly access the **dashboard**, **kit orders**, **kits**, **shipping**, **customers**, **lab orders**, **patients**, **help center** or **admin**

Order Management ☰

-  Dashboard
-  Kit Orders
-  Kits
-  Shipping
-  Customers
-  Lab Orders
-  Patients
-  Help Center
-  Admin

[MANAGE NEW ORDERS](#)

Line Items	Status	Last Update
Anti-Mullerian Hormone (AMH) by DBS IHD-AMH-xxxxx x 2	New	7/18/2022, 11:44 PM
Covid Neutralizing Antibody at Home IHD-CNA-xxxxx x 1	New	7/1/2022, 4:22 AM

[MANAGE LAB ORDERS](#)

Code	Lab Kit	Status	Last Update
WN26701838	Thyroid	Kit Re...	6/30/2022, 3:52 PM
WN42756194	Thyroid	Kit Re...	6/30/2022, 4:00 PM
WN56189416	Thyroid	Kit Re...	6/30/2022, 4:08 PM
WN52598043	Thyroid	Kit Re...	6/30/2022, 4:02 PM
WN03374537	Thyroid	Kit Re...	6/30/2022, 3:56 PM

[MANAGE LAB ORDERS](#)

Process Lab Order

Enter Registration Code to get started.



DASHBOARD

The **Dashboard** view is your homepage and shows all Kit and Lab Orders that have been received for easy at-a-glance viewing and access.

☰ Thank you! Working late Irene



New Kit Orders MANAGE NEW ORDERS

Customer	Line Items	Status	Last Update
David Li 81 Belmont Drive, CA 94015	Anti-Mullerian Hormone (AMH) by DBS IHD-AMH-xxxxx x 2	New	7/18/2022, 11:44 PM
Poathy dsfdsf dsfds sdfdsf, sdfdsf dfdsfs	Covid Neutralizing Antibody at Home IHD-CNA-xxxxx x 1	New	7/1/2022, 4:22 AM

Process Lab Order
Enter Registration Code to get started.

Lab Orders - Kit Received (Not Resulted) MANAGE LAB ORDERS

Registration Code	Code	Lab Kit	Status	Last Update
KPLYVPP8426	EWN26701838	Thyroid	Kit Re...	6/30/2022, 3:52 PM
QLNYJRW3636	EWN42756194	Thyroid	Kit Re...	6/30/2022, 4:00 PM
NTWCCUH2417	EWN56189416	Thyroid	Kit Re...	6/30/2022, 4:08 PM
SINCLY7624	EWN52598043	Thyroid	Kit Re...	6/30/2022, 4:02 PM
GSWZKNN9669	EWN03374537	Thyroid	Kit Re...	6/30/2022, 3:56 PM

Lab Orders - Submitted (Kit Not Received) MANAGE LAB ORDERS

Registration Code	Code	Lab Kit	Status	Last Update
IHDCNAWR	IHD08639214	Covid Neutralizing Antibody at Home	New	7/28/2022, 9:18 AM
IHDAMWXR	IHD36790853	Anti-Mullerian Hormone (AMH) at Home WHATMAN	New	7/28/2022, 9:13 AM

Manage new orders links you directly to the **Kit Orders Page**
Process Lab Order takes you to the **Lab Orders page** where you can see the whether an order has been sent to Labdaq or not.

MANAGE NEW ORDERS

Status	Last Update
New	4/17/2022, 9:44 PM

Process Lab Order
Enter Registration Code to get started.



KIT ORDERS

The **Kit Orders** view displays customer orders that come through from the website. Here you can easily print shipping and return labels, and mark fulfilled orders as complete. You can also manually create a New Kit Customer Order.

☰ Kit Orders




New, Pending ▾
FILTER

NEW KIT ORDER


Customer	Line Items	Status	Last Update
David Li 81 Belmont Drive, CA 94015	Anti-Mullerian Hormone (AMH) by DBS IHD-AMH-xxxxx x 2	New	7/18/2022, 11:44 PM
Pothy dsfsdf dsfds sdfdsfs, sdfsfds dfdsfs	Covid Neutralizing Antibody at Home IHD-CNA-xxxxx x 1	New	7/1/2022, 4:22 AM

Rows per page: 50 ▾ 1-2 of 2 |< < > >|

To print shipping labels from the Kit Orders page:



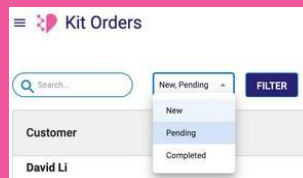
Print shipping and return label



Mark order as complete

Important: Once an order is shipped, mark it as complete to change the status.

TIP: You can do a quick search in the search field or filter your view for easier access to a specific order. (Be sure to click the filter button once you've made your view selection)





KITS

The **Kits** view allows you to create the registration codes to be included in the physical kits created for tests. Once a Kit is created a Registration Code is created. This code can be printed and the label affixed to the registration card insert included in the physical kits.

☰ Kits



PRINT NEW KITS

Registration Code	Test	Used	Printed	Last Printed	Created On
IHDAMH23D	Anti-Mullerian Hormone (AMH) at Home	No	Yes	5/3/2022, 11:25 PM	5/3/2022, 11:06 PM
IHDCNADN9	Covid Neutralizing Antibody at Home	Yes	Yes	5/3/2022, 11:06 PM	5/3/2022, 10:46 PM
IHDCNAMZ3	Covid Neutralizing Antibody at Home	Yes	Yes	5/3/2022, 11:06 PM	5/3/2022, 2:44 PM
IHDAMHR5B	Anti-Mullerian Hormone (AMH) at Home	No	Yes	5/3/2022, 11:25 PM	5/3/2022, 12:08 PM
IHDAMHVB3	Anti-Mullerian Hormone (AMH) at Home	Yes	Yes	5/3/2022, 11:06 PM	5/2/2022, 3:05 PM
IHDAMHNBJ	Anti-Mullerian Hormone (AMH) at Home	Yes	Yes	5/3/2022, 11:06 PM	5/2/2022, 11:18 AM
IHDAMH2XV	Anti-Mullerian Hormone (AMH) at Home	Yes	Yes	5/3/2022, 11:06 PM	4/28/2022, 2:33 PM
IHDAMHDJZ	Anti-Mullerian Hormone (AMH) at Home	Yes	Yes	5/3/2022, 11:06 PM	4/28/2022, 1:35 PM
IHDAMH2NB	Anti-Mullerian Hormone (AMH) at Home	No	Yes	5/3/2022, 11:25 PM	4/25/2022, 3:23 PM
IHDAMHEXR	Anti-Mullerian Hormone (AMH) at Home	Yes	Yes	4/27/2022, 12:01 PM	4/25/2022, 1:12 PM
IHDCNA5E5	Covid Neutralizing Antibody at Home	No	Yes	5/3/2022, 11:25 PM	4/25/2022, 12:48 PM



When a New Kit Order is received, the fulfillment team will need to create a new Kit:

Click on New Kits

☰ Kits



🔍 Search...

PRINT NEW KITS

Registration Code	Test	Used	Printed	Last Printed	Created On
IHDAMH23D	Anti-Mullerian Hormone (AMH) at Home	No	Yes	5/3/2022, 11:25 PM	5/3/2022, 11:06 PM
IHDCNADN9	Covid Neutralizing Antibody at Home	Yes	Yes	5/3/2022, 11:06 PM	5/3/2022, 10:46 PM
IHDCNAM73	Covid Neutralizing Antibody at Home	Yes	Yes	5/3/2022, 11:06 PM	5/3/2022, 2:44 PM

Select an organization for the order

< New Kits

CANCEL

1 Organization

Select an organization for the order

- Everywell
- Checklabs
- IHD-DTC

Select the appropriate Lab Kit and quantity of labels you need. Select +add more lab kit to add additional lab kits

Select an organization for the order

IHD-DTC

2 Lab Kits

+ ADD MORE LAB KIT

Lab Kit

Anti-Mullerian Hormone (AMH) at Home

Quantity

1

Select Create Kits

IHD-DTC

2 Lab Kits

+ ADD MORE LAB KIT

Lab Kit

Anti-Mullerian Hormone (AMH) at Home

Quantity

1

CREATE KITS



To print the resulting Registration Code:

Select a Registration Code

≡ Kits



Search...

PRINT NEW KITS

Registration Code	Test	Used	Printed	Last Printed	Created On
IHDAMH23D	Anti-Mullerian Hormone (AMH) at Home	No	Yes	5/3/2022, 11:25 PM	5/3/2022, 11:06 PM
IHDCNADN9	Covid Neutralizing Antibody at Home	Yes	Yes	5/3/2022, 11:06 PM	5/3/2022, 10:46 PM
IHDAMH23D	Anti-Mullerian Hormone (AMH) at Home	No	Yes	5/3/2022, 11:06 PM	5/3/2022, 11:06 PM

Select print icon on the top right corner

< Kit: IHDAMH23D

PRINT

Kit

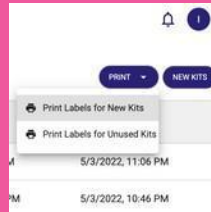
Registration Code IHDAMH23D	Collection date
Used No	Collection time
Printed Yes	Transmitted to lab No
Last Print 2022-05-04T06:25:02.409Z	Status New
External ID	Created on 5/3/2022, 11:06 PM
	Last update

A registration and barcode label will pop up to print



- Print
- Destination
- Pages
- Pages per sheet
- Print using system dialo
- Open PDF in Preview

TIP: Alternatively, you can also print multiple registration codes for new and unused kits by selecting Print on the Kits page and selecting “labels for new kits” or “labels for unused kits”.





SHIPPING

The **shipping** view in the Order Management System (OMS) provides shipping information, tracking numbers and the status of kits that are sent out.

☰ Shipping



🔍 Search...

Tracking Number	Name	Carrier	Rate	Service	Shipment Status	Last Update
9405500109361128875758	David Li	USPS	7.90	Priority	Label Created	7/18/2022, 11:44 PM
9400100109361128875748	David Li	USPS	4.42	First	Label Created	7/18/2022, 11:44 PM
9405536109361500120703	Alyssa Madrid	USPS	7.90	Priority	Label Created	6/30/2022, 12:18 PM
9400136109361500120632	Alyssa Madrid	USPS	3.81	First	Label Created	6/30/2022, 12:18 PM
9405536109361496666124	Marco Taddei	USPS	9.68	Priority	Label Created	6/29/2022, 5:21 PM
9400136109361496666114	Marco Taddei	USPS	4.15	First	Label Created	6/29/2022, 5:21 PM
9405536109361486474128	Douglas Duncan M.D.	USPS	8.59	Priority	Label Created	6/27/2022, 11:25 AM
9400136109361486473906	Douglas Duncan M.D.	USPS	3.88	First	Label Created	6/27/2022, 11:25 AM
9405536109361476430189	David Li	USPS	7.90	Priority	Label Created	6/24/2022, 12:33 AM
9400136109361476430179	David Li	USPS	3.81	First	Label Created	6/24/2022, 12:33 AM
9405536109361476404074	Monica Wunderman	USPS	7.90	Priority	Label Created	6/23/2022, 11:17 PM
9405536109361476404050	Monica Wunderman	USPS	7.90	Priority	Label Created	6/23/2022, 11:17 PM

Contacts



CUSTOMERS

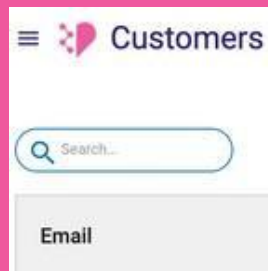
The **Customers** page provides customer and order information of the people who purchased kits/tests from the website.

☰ Customers



Email	First Name	Last Name	Middle Name	Primary Phone	Mobile	Organization
reachdna@gmail.com	David					IHD-DTC
pothy@zaigoinfotech.com	Poathy	dsfdf	sdfsdf	sdfsdfsfsdf	sdfsdfsdfs	IHD-DTC
alysanjenings@gmail.com	Alyssa	Madrid			9256832599	IHD-DTC
marco@webmdt.com	Marco	Taddei	D	2035811052	2035811052	IHD-DTC
douglas.duncan@coxhealth.com	Douglas	Duncan M.D.			4178382370	IHD-DTC
reachdna@gmail.com	David	Li		415-533-5590		IHD-DTC
mwunderman@gmail.com	Monica	Wunderman			9253891448	IHD-DTC
briannkoff@gmail.com	Brianne	Koff			8054028535	IHD-DTC
iankoff@gmail.com	Ian	Koff			6314874943	IHD-DTC
wkoff@humanvaccinesproject...	wayne	koff			6464795404	IHD-DTC
tschenkelberg@humanvaccine...	Theodore	Schenkelberg			6464410894	IHD-DTC
matt@karolian.com	Matthew	Karolian			6035402614	IHD-DTC

TIP: Do a quick search to find a specific customer easily.





PATIENTS

The **Patients** page in the Order Management System (OMS) provides information of the people who **registered** a test on MyIHDLab.com (the patient portal).

☰ Patients



First Name	Last Name	Email	Phone	DOB	Gender	Organization	Last Update
Alicia	Test728b	alicia.morga+6@gmail.com	4155031841	1990-01-03	female	IHD-DTC	7/28/2022, 9:19 AM
Alicia	Mob727	alicia.morga+5@gmail.com	4159877600	1992-07-27	female	IHD-DTC	7/27/2022, 11:52 PM
Alicia	Test727	alicia.morga+4@gmail.com	4155031841	1979-04-03T08:00:00.000Z	female	IHD-DTC	7/27/2022, 11:26 PM
Isa	Cruz	ireneccc@yahoo.com	6266747702	1990-09-04	female	IHD-DTC	7/26/2022, 4:35 PM
Alicia	Test726b	alicia.morga+2@gmail.com	4159877600	1992-07-26T07:00:00.000Z	female	IHD-DTC	7/26/2022, 12:50 PM
Alicia	Test726	alicia.morga+1@gmail.com	4155031841	1990-05-04	female	IHD-DTC	7/26/2022, 12:23 PM
Pothy	sdd	pothy@zalgoinfotech.com	9876543212	1999-02-03	male	IHD-DTC	7/26/2022, 10:55 AM
Alicia	No8Media	no8mediainc@gmail.com	4155031841	1980/04/01	female	IHD-DTC	7/25/2022, 1:07 PM
Tester	Tester	stellaseca23@gmail.com	4155031841	1983/04/06	female	IHD-DTC	7/25/2022, 9:29 AM
Irene	Catindig	irene.catindig@gmail.com	6266747702	2000/01/01	female	IHD-DTC	7/21/2022, 6:31 PM
Alicia	Testly	amorga@ihdlab.com	415-987-7600	1980-04-01	female	IHD-DTC	7/15/2022, 11:24 AM
Devin	Bean	devinbean001@gmail.com	814 558-7584	06/21/1989	Female	Everlywell	6/30/2022, 8:03 PM
Abigael	Manzoni	abigaelmanzoni@yahoo.c...	401 248-3258	12/29/1991	Female	Everlywell	6/30/2022, 8:02 PM

TIP: Customers and patients are not always the same person! Customers are those who placed the order and patients are those who have registered and taken the tests.



LAB ORDERS

The **Lab Orders** page displays orders that have been sent to LABDAQ (IHD's lab Information Management System), our software that captures lab orders, interfaces with the lab instruments, collects the test results and then pushes those tests results to our Order Management System (OMS). The filter is AND, e.g., those that are new AND submitted would come up when both are selected.

You can filter for the following:

- **New**- A test was registered but order has not pushed into Labdaq
- **Submitted**- When cron job runs and the lab order is pushed to Labdaq
- **Kit Received**- When accessioner receives the kit, they go into Labdaq and indicate kit received
- **Completed**- The lab finished processing the test, pushes the result to Labdaq and Labdaq pushes to SFTP and then OMS picks up the result from SFTP - that's when the lab order is marked as completed
- **Rejected**- The kit was received and accessioner rejects it, keys in reason into Labdaq, which pushes to the SFTP and OMS picks up the rejection and updates to lab order to this status
- **Canceled**- Not currently used; doesn't matter what lab does

☰ Lab Orders



New, Submitted ▾
This Year ▾
FILTER
REGISTER LAB ORDER
PULL LAB ORDER
PULL RESULTS

Registration Code	External ID	Code	Lab Kit	Patient	Status	Last Update
IHDCNADN9		IHD24360379	Covid Neutralizing Antibo...	Ali Test42522	New	5/3/2022, 10:47 PM
IHDCNAMZ3		IHD91896767	Covid Neutralizing Antibo...	Ali Test42522	New	5/3/2022, 2:45 PM
IHDAMHV83		IHD15960453	Anti-Mullerian Hormone (...)	Ali Test42522	New	5/2/2022, 3:12 PM
IHDAMHNB3		IHD20057815	Anti-Mullerian Hormone (...)	Ali Test42522	New	5/2/2022, 11:35 AM
	ext_order_id_005	CLS43318104	STI Chec	test_first test_last	New	5/1/2022, 11:33 PM
IHDAMH2XV		IHD58531056	Anti-Mullerian Hormone (...)	Ali Test42522	New	4/28/2022, 2:35 PM
IHDAMHDJZ		IHD05921102	Anti-Mullerian Hormone (...)	Ali Test42522	New	4/28/2022, 1:36 PM
IHDAMHEXR		IHD30961672	Anti-Mullerian Hormone (...)	Sander Putz	New	4/25/2022, 3:22 PM
IHDAMH9R8		IHD52028959	Anti-Mullerian Hormone (...)	David Li	New	4/25/2022, 12:38 PM
IHDAMHE9R		IHD20495313	Anti-Mullerian Hormone (...)	Ali Test42522	New	4/25/2022, 9:00 AM
IHDTCGPJ8		IHD23194784	Total Cholesterol and Glu...	Alicia Testing3	New	4/22/2022, 6:07 PM
IHDAMHNSW		IHD67079043	Anti-Mullerian Hormone (...)	Alicia Testing3	New	4/22/2022, 8:10 AM



You can quickly register a lab order, pull a lab order or pull results by selecting the icon on top and entering the kit barcode or registration code.



REGISTER LAB ORDER

PULL LAB ORDER

PULL RESULTS

< Pull Lab Order

1

Find Lab Order

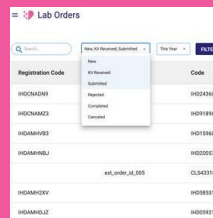
Kit barcode/registration code

PULL LAB ORDER FROM CHECLAB

2

Lab Order

TIP: You can do a quick search in the search field or filter your view for easier access to a specific order. (Be sure to click the filter button once you've made your view selection)



Registration Code	Kit Barcode	Code
HDCND001	Registered	HDC4160371
HDCND002	Registered	HDC1896747
HDCND003	Completed	HDC1896403
HDCND004	Completed	HDC2007815
HDCND005	Kit order in SES	CL54318134
HDCND006		HDC831034
HDCND007		HDC891191



SOP FOR ACCESSIONERS/LAB TEAM

Scenario	Result	Next Step
Not registered, card included, sample included		Refer to Derek and paste tracking number into spreadsheet and capture registration code to have the customer use
Registered, card included, no sample	TIQ	Refer to Derek or Amie
Not registered, no card included or card is blank, sample included		Refer to Derek and paste tracking number into spreadsheet and capture registration code to have the customer use
Registered, card included, not enough of a sample	QNS or TNP	Labdaq pop up - goes to customer service - goes to logistics to send another kit TNP shows up in patient portal results
Registered, card included, empty specimen bag/no sample	TIQ	Labdaq pop up - goes to customer service - goes to logistics to send another kit TNP shows up in patient portal results
Registered, card included but doesn't match what was registered, sample included	Mismatch	Refer to Derek or Amie
Registered, no card included, sample included		Process as normal



ADMINISTRATION

On the **Admin** page, those with Admin permissions can add users, manage organizations, create ICD codes, Specimens, Tests, Panels, and Lab Kits/products to be sold on the website. To set up a product in OMS, you must first set up a Test, then create a Panel and add a Test to that Panel, then create a Lab Kit and add a Panel to the Lab Kit.

≡ Administration













Overview

of partners / # of users / # of open order / # of new tests

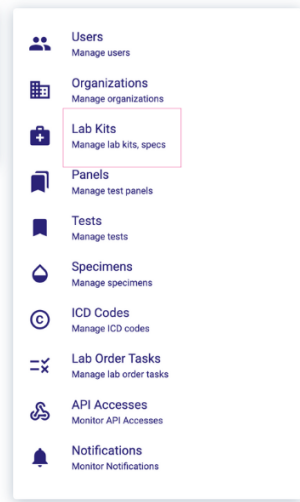
Activities

... activities ...

-  **Users**
Manage users
-  **Organizations**
Manage organizations
-  **Lab Kits**
Manage lab kits, specs
-  **Panels**
Manage test panels
-  **Tests**
Manage tests
-  **Specimens**
Manage specimens
-  **ICD Codes**
Manage ICD codes
-  **Lab Order Tasks**
Manage lab order tasks
-  **API Accesses**
Monitor API Accesses
-  **Notifications**
Monitor Notifications



Lab Kits



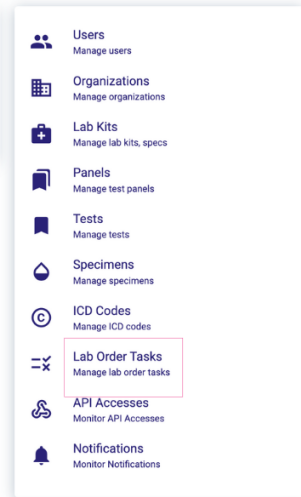
When you add a new Lab Kit you must:

- Select which Organization it's for from a drop down menu,
- Enter the name of the Lab Kit
- Give it a 3 letter code - for example a Lab Kit for an at-home Anti-Mullerian Hormone (ADX) test is given the code of AMH.
- Enter the weight of the physical kit

The other fields are optional.

Once the Lab Kit is created, it is given an ID by the OMS and that ID is used for all APIs where you are referencing that Lab Kit. For example, if this Lab Kit is going to be purchased via IHD's Wix website, this ID must be added into the backend API code on Wix.

Lab Order Tasks



The **Lab Order Tasks** page is used by engineering to see what has been pushed or pulled from Labdaq. On this page you can filter by

Push to Lab = the OMS got the order from PWN and pushed it to Labdaq

Kit Received = Labdaq received the kit

Result update = we got a result from Labdaq and in the case of Everlywell/PWN we call PWN to update the result for them.

< Lab Order Tasks

PUSH RESULTS PULL ORDERS UPDATE KIT STATUS PUSH TO LAB PULL FROM LAB

Search... New, Failed FILTER











Type	Status	Order Code	Kit Number	Retries	Elapsed	Created On	Updated On	
Push To Lab	New	IHD08639214	IHDCNAWR	0		7/28/2022, 9:18 AM	7/28/2022, 9:18 AM	▢
Push To Lab	New	IHD36790853	IHDAMWXR	0		7/28/2022, 9:13 AM	7/28/2022, 9:13 AM	▢
Push To Lab	New	IHD85201954	IHDCNARX	0		7/27/2022, 11:53 PM	7/27/2022, 11:53 PM	▢
Push To Lab	New	IHD72982053	IHDAMWYWYP	0		7/27/2022, 11:51 PM	7/27/2022, 11:51 PM	▢
Push To Lab	New	IHD19060811	IHDCNAD3	0		7/27/2022, 11:28 PM	7/27/2022, 11:28 PM	▢

Note: We don't get acknowledgement from PWN that they received what we pushed to them; we only see here whether the push was successful or failed.



API Accesses



-  **Users**
Manage users
-  **Organizations**
Manage organizations
-  **Lab Kits**
Manage lab kits, specs
-  **Panels**
Manage test panels
-  **Tests**
Manage tests
-  **Specimens**
Manage specimens
-  **ICD Codes**
Manage ICD codes
-  **Lab Order Tasks**
Manage lab order tasks
-  **API Accesses**
Monitor API Accesses
-  **Notifications**
Monitor Notifications

The **API Accesses** page is used by engineering to see if our posts to partner APIs are successful or have failed and we have logs of the posts and responses.

< API Requests

Failed ▾
FILTER

Organization	API Access ID	IP	End Point	Method	Status	Elasped(ms)	Requested On ▾
Checlabs	af6cd875-468f-4353-b20c-5...	103.157.194.241, 172.31.35...	/partner/lab/order	POST	Failed	3	6/7/2022, 10:44 PM
Checlabs	af6cd875-468f-4353-b20c-5...	103.157.194.241, 172.31.35...	/partner/lab/order	POST	Failed	3	6/7/2022, 10:44 PM
Checlabs	af6cd875-468f-4353-b20c-5...	103.157.194.241, 172.31.35...	/partner/lab/order	POST	Failed	7	6/7/2022, 10:44 PM
Checlabs	af6cd875-468f-4353-b20c-5...	103.157.194.241, 172.31.35...	/partner/lab/order	POST	Failed	6	6/7/2022, 10:44 PM
Checlabs	af6cd875-468f-4353-b20c-5...	103.157.194.241, 172.31.35...	/partner/lab/order	POST	Failed	9	6/7/2022, 10:44 PM
Checlabs	af6cd875-468f-4353-b20c-5...	103.157.194.241, 172.31.35...	/partner/lab/order	POST	Failed	15	6/7/2022, 10:44 PM
Checlabs	af6cd875-468f-4353-b20c-5...	103.157.194.241, 172.31.35...	/partner/lab/order	POST	Failed	9	6/7/2022, 10:44 PM
Checlabs	af6cd875-468f-4353-b20c-5...	103.157.194.241, 172.31.35...	/partner/lab/order	POST	Failed	10	6/7/2022, 10:27 PM

Notifications



- Users
Manage users
- Organizations
Manage organizations
- Lab Kits
Manage lab kits, specs
- Panels
Manage test panels
- Tests
Manage tests
- Specimens
Manage specimens
- ICD Codes
Manage ICD codes
- Lab Order Tasks
Manage lab order tasks
- API Accesses
Monitor API Accesses
- Notifications
Monitor Notifications

The **Notifications** page is a log of email notifications sent to customers/patients (customers become patients once registered).

Patients receive The Kit Received, Something's Wrong or Results notification; Customers receive the order confirmation email, shipped notification and kit delivered notifications. It is used by engineering to see if our posts to partner APIs are successful or have failed and we have logs of the posts and responses.

< Notifications

FILTER

To	Type	Subject	Status	Sent	Sent On
amorga@ihdlab.com	Result	Your results are ready!	New	Yes	7/15/2022, 10:47 AM
amorga@ihdlab.com	Result	Your results are ready!	New	Yes	7/15/2022, 10:47 AM
amorga@ihdlab.com	Result	Your results are ready!	New	Yes	7/15/2022, 10:47 AM
spicepetra@yahoo.com	Result	Your results are ready!	New	Yes	6/30/2022, 6:44 PM
spicepetra@yahoo.com	Sample Received	Sample Received	New	Yes	6/30/2022, 6:44 PM
alysanjenning@gmail.com	Order Shipped	Order Shipped	New	Yes	6/30/2022, 12:37 PM
marco@webmdt.com	Order Shipped	Order Shipped	New	Yes	6/30/2022, 12:36 PM
douglas.duncan@coxhealth.com	Order Shipped	Order Shipped	New	Yes	6/27/2022, 4:31 PM
lankoff@gmail.com	Order Shipped	Order Shipped	New	Yes	6/24/2022, 5:39 PM
briannekoff@gmail.com	Order Shipped	Order Shipped	New	Yes	6/24/2022, 5:38 PM
mwunderman@gmail.com	Order Shipped	Order Shipped	New	Yes	6/24/2022, 5:38 PM
reachdna@gmail.com	Order Shipped	Order Shipped	New	Yes	6/24/2022, 12:33 AM



HELP CENTER

You can access this OMS User Manual and the Patient Portal User Manual on the **Help Center** page.

☰ Help Center



User Manuals

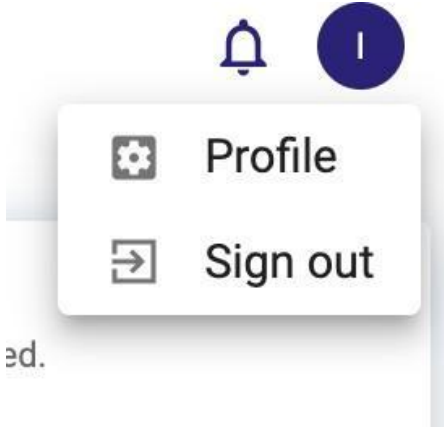
[Order Management System \(OMS\) User Manual](#)

[Patient Portal User Manual](#)



PROFILE

To access your **profile**, select your initial on the top right corner of any page.

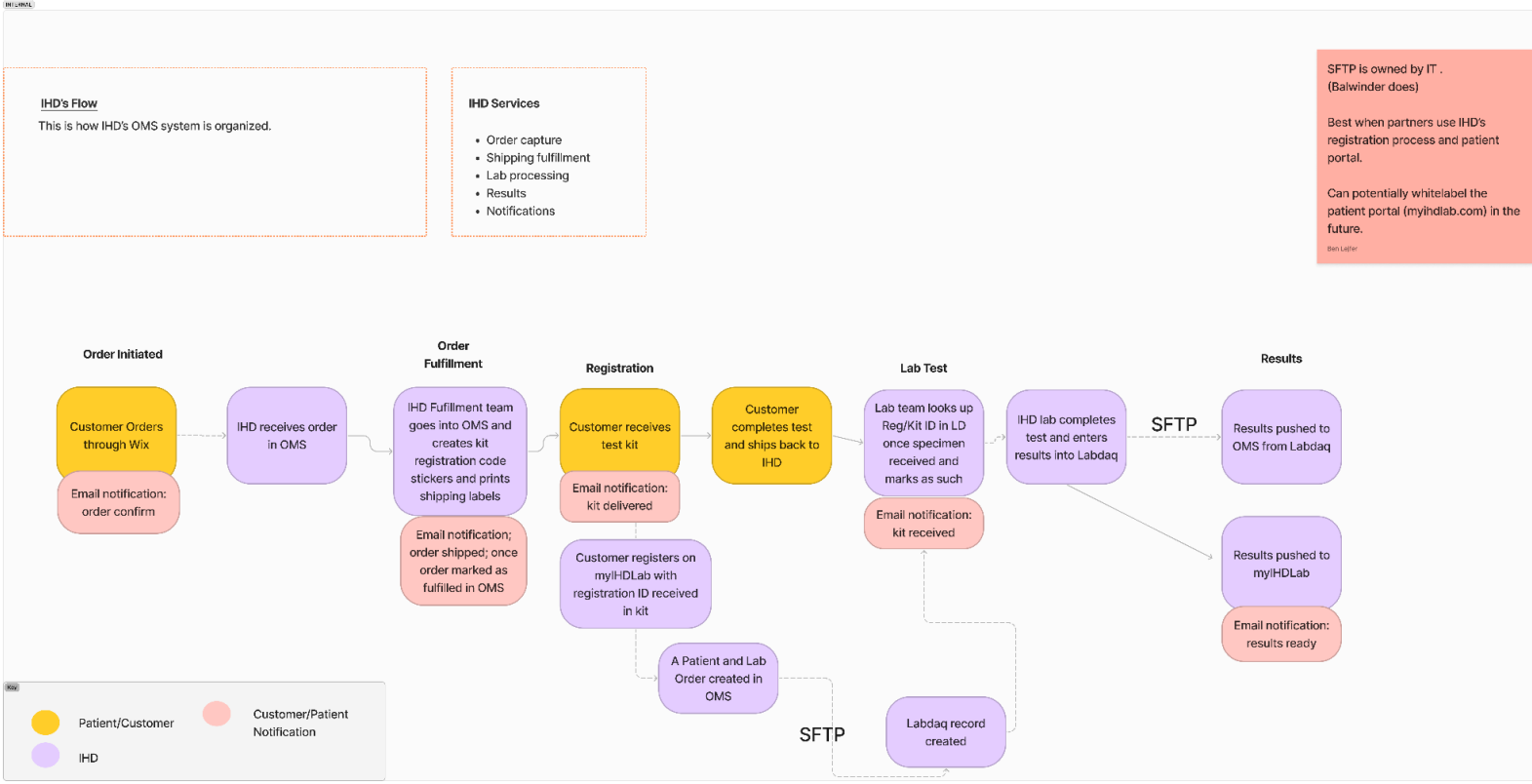




ORDER FLOW



	Logs into myihdlab.com	Customer takes their sample and returns the kit to the IHD lab
Order is placed by customer on website	Gets an access code emailed to them	An Accessioner at the lab opens the kit and scans the barcode to find the lab order in Labdaq
This creates a new kit order in OMS; you will see this new kit order on your Dashboard or it can be accessed on the Kit Orders page	Uses that test code to log into myihdlab.com	Customer receives notification of kit received
To fulfill the order, the Fulfillment team then must have already created or must then create a new kit on the Kits page.	Once in the portal the customer clicks on Register New Test	The Lab processes the sample, enters results into Labdaq and then those are pushed to the patient portal (myihdlab.com)
Print the Registration Code label to affix to the card insert that goes into the physical kits that are sent out	Customer is prompted to enter their Registration Code and fill out a form with their personal information	Patient is sent an email notification of returned results or errors. Results and status are accessible on the Lab Orders page in OMS for reference by the accessioners and/or customer service.
Create shipping and return labels for the kit order from Kits Order page	If it's the first time they are registering a kit, they will also be prompted to complete a health survey	
Ship to customer	After they are taken to a page that gives them the option of going to a collection instructions page or back to the patient portal app dashboard	Need further assistance? Contact: amorga@ihdlab.com
Customer receives the physical kit, finds the patient portal URL (myihdlab.com) and Registration Code on the insert	Once a kit is registered it creates a lab order in OMS and is now accessible on the Lab Orders page in OMS and in Labdaq	



Here is a training video that reviews [MyIHDLabApp.com](https://www.loom.com/share/28d669f47dbe4b67a498546604095402) (our order management system) (not for sharing outside our organization):
<https://www.loom.com/share/28d669f47dbe4b67a498546604095402>

Client Services Manual

Organization

Innovative Health Diagnostics

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- 137544.1401 Update Client Passwords in LabNexus (version 1.0)
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- **How to Process Released Results to Patients**
 - 137544.22 Authorization for Release of Test Reports to Patient (version 2.0)
 - 137544.21 Procedure for Releasing Medical Records Directly to Patient (version 1.2)
- **DTC Client Services Manual**
 - 137544.1141 How to Differentiate Identical DTC Panels In LabDaq (version 1.0)
 - 137544.1239 DTC Troubleshooting for Client Services (version 1.0)
- **Client Services Forms**
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 - 137544.1190 Specimen Rejection Notice Form (version 1.1)
 - 137544.934 Test Clarification and Add On Form (version 2.0)
 - 137544.22 Authorization for Release of Test Reports to Patient (version 2.0)
 - 137544.626 Authorization For The Release Of Medical Information or Materials (version 1.0)
 - 137544.875 Supply Order Form (version 1.3)
 - 137544.220 Patient Demographic Change Form (version 1.0)
 - 137544.963 Instruction for Ordering Supplies on the IHD Website Form (version 1.0)



1565 McGaw Ave. Suite B
Irvine CA, 92614
Phone: (800) 820-8803
www.ihdlab.com

1. **DOCUMENT TITLE: Registering Patients for Portal Access**

2. **PURPOSE**

To properly register patients to view lab results in LabNexus.

3. **SCOPE**

This SOP applies to all patients requesting portal access.

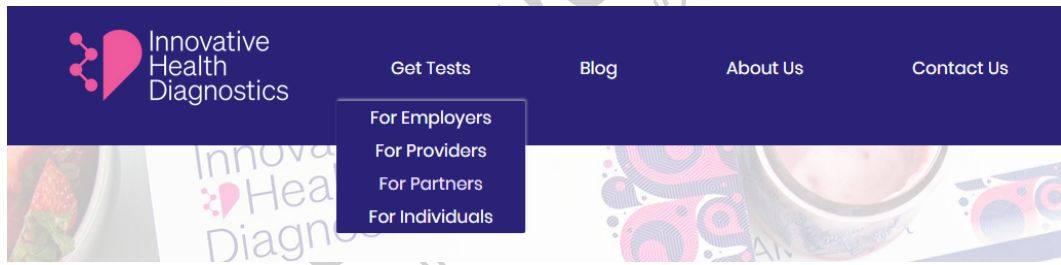
4. **RESPONSIBILITIES**

The following personnel are responsible for the activities described.

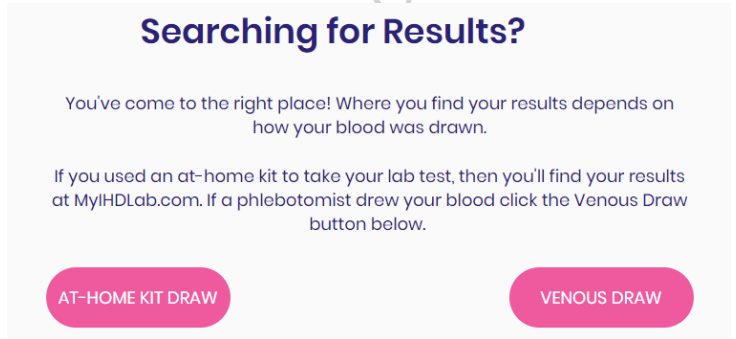
Responsible Party	Activities
Supervisor	<ul style="list-style-type: none"> Provide training and documentation of training
Assignee	<ul style="list-style-type: none"> Follow SOP Report all issues to immediate supervisor

5. **PROCEDURE**

- 5.1. The patient (requestor) may request to view lab results via Phone call or Email.
- 5.2. Direct the requestor to IHD’s website <https://www.ihdlab.com/>
- 5.3. Instruct the requestor to follow the steps below:
 - 5.3.1. Hover over **Get Tests** and click on **For Individuals**.



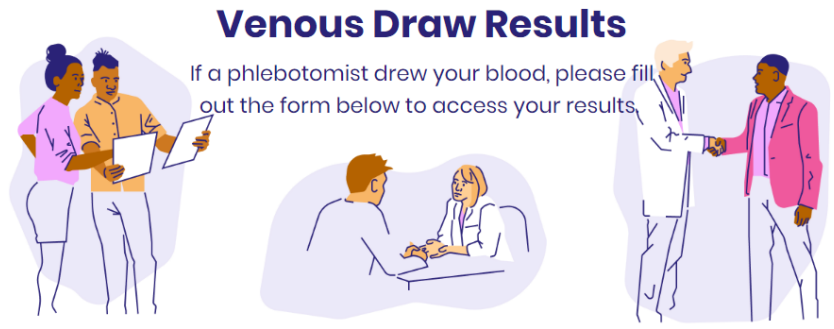
- 5.3.2. Scroll down and select **Venous Draw**.





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5.3.3. Instruct the client to fill out the following information:



Register here to receive your results.

First Name *

Last Name *

Email *

Doctor Seen *

Date of Birth *

SEND

- 5.4. Once the information has been submitted and received via Email, open LabDaq.
- 5.5. Search for the requestor's DOB.
- 5.6. Verify the requestor's Organization.
- 5.7. Open Labnexus.
 - 5.7.1. Select the organization in LabNexus.
 - 5.7.2. Search by the requestor's Last Name.
- 5.8. Go to demographics and enter the email address.
- 5.9. If the requestor's address is not in LabNexus, look up the requestor's requisition in MicroAdvantage for the address and enter the address.
- 5.10. Go to Patient Enrollment.
 - 5.10.1. Click on Enroll.
 - 5.10.2. Select Email Enrollment, if Email Enrollment option is available.
- 5.11. Once the requestor is enrolled to register, reply back to the original email request with enrollment instructions.

END OF DOCUMENT



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1. **DOCUMENT TITLE: Client Services Rejection Procedure**

2. **PURPOSE**

To properly handle rejections through Client Services.

3. **SCOPE**

This SOP only applies to Client Services.

4. **RESPONSIBILITIES**

The following personnel are responsible for the activities described.

Responsible Party	Activities
Supervisor	<ul style="list-style-type: none"> Provide training and documentation of training
Assignee	<ul style="list-style-type: none"> Follow SOP Report all issues to immediate supervisor

5. **POLICY**

5.1. This SOP must be followed Daily.

6. **PROCEDURE**

6.1. Open the **CS KPI GoogleSheet**.

6.2. **IMPORTANT: The rejections highlighted in red are priority.** The designated CS personnel must assign all rejection calls to themselves in the Caller column.

Subject	By	Accession	Location	Inactive Days	Caller
rejection	239	1971884	MD Tox Laboratory [1]	0	
Rejection	266	1966395	107_California Fertility Partners [10704]	2	
Test rejection	92	1971556	802_HRC Fertility_Pasadena [802001]	0	
Rejection	292	1971742	Huntington OBGYN [19270]	0	
Rejection	164	1971559	Kab and Jay Healthcare [27033]	0	
Test rejection	92	1971692	Laboratory Services, LLC [19138]	0	
Rejection	292	1971797	Nicholas Panagiotis MD [27005]	0	
Rejection	292	1971821	Nicholas Panagiotis MD [27005]	0	
rejection	239	1968586	Nicholas Panagiotis MD [27005]	0	
Rejection	65	1971639	Oma Fertility - Atlanta, GA [200382]	0	
Rejection	65	1964575	Pacific NW Fertility (PNWF) [18977]	0	
REJECTION: MISSING SAMPL	270	1959905	Steadfast Residential Care [27046]	6	

Rejections highlighted in red are priority.

6.3. Open LabDaq.

6.4. **Copy and Paste** the accession number from the CS KPI to view details of the rejection.

6.5. Complete the rejection by filling out the **Specimen Rejection Notice Form** with information from the accession in LD.



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Notes Assignments Attachments

New Note

Caller

History

BY: HARVEY, MARINA [M.HARVEY] AT: 1/27/2023 11:52:50 AM
Specimen rejection notice created, faxed, and uploaded. Closing call.

BY: ROCHA, MICHELLE [MROCHA] AT: 1/27/2023 6:45:54 AM
(CTNG) unable to be performed due to no (aptima tube or urine cup) received. Please submit a new sample for processing. For additional information, please contact our Customer Service Team by calling 1-800-820-8803 or emailing cs@ihdlab.com

Close Entire Call

- 6.6. Add Notes to the Open call that form has been faxed.
- 6.7. Upload the Specimen Rejection Notice form to MicroAdvantage.

7. ASSOCIATED DOCUMENTS

137544.1190 Specimen Rejection Notice Form

END OF DOCUMENT

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1. DOCUMENT TITLE: QC of Requisitions Procedure

2. PURPOSE: To provide a procedure to QC requisitions.

3. SCOPE: This SOP applies to the QC of requisitions.

4. RESPONSIBILITIES

The following personnel are responsible for the activities described.

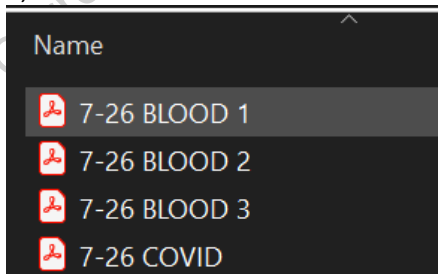
Responsible Party	Activities
Supervisor	<ul style="list-style-type: none"> Provide training and documentation of training
Assignee	<ul style="list-style-type: none"> Follow SOP Report all issues to immediate supervisor

5. POLICY

- 5.1. The QC personnel must work on **ONE** requisition at a time.
- 5.2. The QC personnel must **initial** the requisition after QC is completed.

6. SCANNING REQUISITIONS

- 6.1. Gather all requisitions from the lab.
- 6.2. Sort all blood requisitions separately and ensure the requisitions are face-up before feeding through the top of the scanner.
- 6.3. Remove all staples and unfold edges that will affect the scanner when feeding the documents through.
- 6.4. Place small batches of requisitions into the scanner and continue to add to the batch.
- 6.5. Once the stack is in place for scanning, select **Easy Scan**.
- 6.6. Select **Details**.
- 6.7. Select **Sending History** and select **Yes**.
- 6.8. Name the file as: **Date of the Scan - Blood or Covid**
 - 6.8.1. If there are multiple scans, number each file.



- 6.9. Select **Start** to begin scanning the documents.
- 6.10. Begin QC after all requisitions are scanned.

7. QC PROCEDURE

- 7.1. Obtain a requisition and open LabDaq.
- 7.2. Search for the patient in LabDaq by **Accession** number.



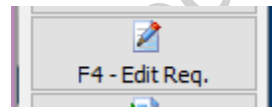
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Name	Value	No.	Last/Control	First/Lot	Middle	th/Expirati	Organization
Accession #	1234567						
Name							
Organization							
SSN							
Birth/Expiration							

7.3. Verify the **Patient Name**, **DOB**, and **Gender** are correct at the top of the Requisition window, matching the requisition.

Note: It is good practice to highlight/mark each verified item on the requisition.

7.4. Open **Edit Req.** or press **F4**.



7.5. In the **Requisitions** tab, verify against the requisition that the **Doctor/Provider**, **Organization**, and **Location** are entered correctly.

7.6. Verify that the **Requisition Date**, **Date of Collection**, and the **Received Date** are entered.

7.7. Confirm if **Fasting** is entered.

7.7.1. If Fasting is not marked on the requisition, create an **Open Call** and note that Fasting was not indicated then close the call.

7.8. **For EMR orders only**, confirm the **MRN#** is entered in the **Ext Order No** field.

Verify the Doctor, Organization, Location

Verify the Requisition Date, Date of Collection, and the Received Date.

Confirm Fasting is entered.

EMRs ONLY: Verify the MRN# is entered

Requisition Orders Received History Containers Other

Doctor 19314 Huang, Shih-Jwo

Organization 1 MD Tox Laboratory

Location 1 MD Tox Laboratory

Requisition 10/12/2022 11:10 A By SS

Collection 10/10/2022 12:00 A By LAB

Received 10/10/2022 12:11 PM By SS

Fasting UNKNOWN

Ext Order No

CC1

Primary Unknown Insurance (1165) [POLICY NO: NONE] EXP

Secondary <NONE>

Tertiary <NONE>

Display all insurance companies



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7.9. In the **Orders Tab**, verify **ALL TESTS** on the requisition are entered.

Requisition	Orders	Received History	Containers	Other
Diag Codes	I10	E78.2		
SUMMARY				
STAT	Name	Count	D1	D2
<input checked="" type="checkbox"/>	Complete Blood Count w/o Diff	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Comprehensive Metabolic Panel	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Lipid Panel	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	T3, Total	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	T4, Total	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	TSH (3rd IS)	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Urinalysis w/micro w/reflex to	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Creatine Kinase (CK/CPK), Total	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	RENIN ACTIVITY, PLASMA (PX)	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

7.10. For missed test(s), add the missed test(s) into LabDaq according to the Accessing SOP.

- 7.10.1. Add the test(s) onto the **Add On Tests GoogleSheet**.
- 7.10.2. Create an **Open Call** and note that the test(s) are added.

+ Complete Blood Count w/o Diff
+ Comprehensive Metabolic Panel
+ Creatine Kinase (CK/CPK), Total
+ Lipid Panel
+ T3, Total
+ T4, Total
+ TSH (3rd IS)
+ Urinalysis w/micro w/reflex to Culture
+ [A] RENIN ACTIVITY, PLASMA (PX)

Add test in LabDaq

2	Date Add On	Added By	Accession #	Test Added (one test per line)	Date of Collection	Type of Container Required	# of Samples Received
361	12/12/2022	JB	1920995	MISSED TEST: RENIN	12/9/2022	FLAV	1LAV

Add test on the Add On Sheet

Notes Assignments Attachments

New Note

Caller

History

BY: SEK, STEPHANY [S.SEK] AT: 12/28/2022 12:17:11 PM
Renin added

Open Call to indicate the test was added



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7.11. QC of Insurance

7.11.1. Select

7.11.2. In the **General tab**, verify the **patient's address and phone number** is entered and matches the information on the requisition.

General Insurance Organization Guarantor Other

Birth 6/7/2022 8 months Doctor 12069 Active Not

Gender Male SSN

Address 1565 McGaw Reimburse Level Standard Price

Suite B Marital Status Unknown

Irvine CA 92614 Race N/A

Home Phone (555)555-5555 License No.

Work Phone Ext Records No.

Email Death

7.11.3. In the **Insurance tab**, verify the insurance information.

7.11.4. Double-click the insurance information to ensure the **Policy No.** is entered.

General **Insurance** Organization Guarantor Other

Display Expired Insurance Add Delete

Priority	No.	Company	Address 1	City	Phone	Effective	Expire
Primary	1165	Unknown Insurance				6/7/2022	

Patient [MDT-146826] Test Test

Priority Primary Insurance 1165 Unknown Insurance Effective 6/7/2022

Policy No. Group No. Authorization No. Expire

7.11.5. **IMPORTANT:** If **"BILL TO CLIENT"** on the requisition, but the **Patient's Insurance** is provided on the requisition, enter the insurance.

8. QC Completion

8.1. Initial the requisition after QC is completed.

8.2. Create an **Open Call**, enter:

8.2.1. **QC'ed by Initials** as the **Subject** and in the **Notes** section.



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8.3. Close the call by clicking **Close Entire Call** or go to the **Assignments** tab and **double click** the Call to close.

Created	Created By	Assigned To	Closed	Closed By
12/28/2022 12:27:32 PM	Sek, Stephany [S.SEK]	Sek, Stephany [S.SEK]	12/28/2022 12:27:53 PM	Sek, Stephany [S.SEK]

8.4. Place all completed requisitions in the designated requisitions box located upstairs by the printer.

END OF DOCUMENT

1. **DOCUMENT TITLE: Shipping Request Policy**

2. **PURPOSE**

To properly submit shipping requests to the 3PL department.

3. **SCOPE**

This policy applies to all shipping requests.

4. **RESPONSIBILITIES**

The following personnel are responsible for the activities described.

Responsible Party	Activities
Managers	<ul style="list-style-type: none"> Provide training and documentation of training Follow policy
Lab department	<ul style="list-style-type: none"> Follow policy
Client Services department	<ul style="list-style-type: none"> Follow policy
Phlebotomy department	<ul style="list-style-type: none"> Follow policy
Sales/BD department	<ul style="list-style-type: none"> Follow policy

5. **POLICY**

5.1. **Managers**

5.1.1. Ensure the department is trained on the policy.

5.2. All shipping requests or items that require shipment from IHD must be sent to the 3PL department at 3PL@ihdlab.com.

5.2.1. Shipping requests via Teams should be avoided, exceptions will be limited.

5.2.2. **Note: FEDEX GROUND** shipments are not available for drop off at HQ. Please contact the logistics manager to arrange drop-offs.

5.3. **REQUIRED information for ALL shipping requests MUST include:**

5.3.1. Full and complete shipping address

5.3.2. Contact name/Facility name

5.3.3. Phone number

5.3.4. Expected delivery date

Note: Requests will be fulfilled within 48-72 hours from time of request.

5.4. Requests with missing information may cause delays or may not be fulfilled by the 3PL department.

END OF DOCUMENT



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1. DOCUMENT TITLE: General Same Day Hormone Program

2. PURPOSE

To properly fulfill the same day hormone program at IHD.

3. SCOPE

This SOP only applies to all clients utilizing the same day hormone program with IHD.

4. RESPONSIBILITIES

The following personnel are responsible for the activities described.

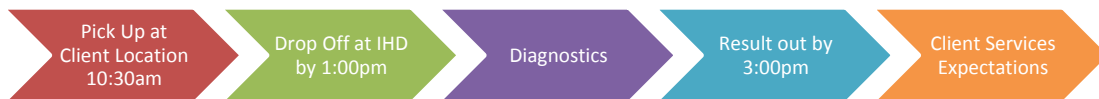
Responsible Party	Activities
Supervisors	<ul style="list-style-type: none"> Follow SOP Provide training and documentation of training
Client Services	<ul style="list-style-type: none"> Follow SOP Report all issues to immediate supervisor
Courier	<ul style="list-style-type: none"> Follow SOP Report all issues to immediate supervisor
Lab	<ul style="list-style-type: none"> Follow SOP Report all issues to immediate supervisor

5. POLICY

- Hormone results collected by **10:30 AM** are to be reported to the client by **3:00 PM**, Monday-Friday.
- Samples will be picked up by **10:30 AM** at client locations and delivered to the lab by **1:00 PM**.
- Same Day Hormones include:

Test Code	Test Name
7362	Estradiol (E2)
7326	FSH
7359	HCG
7327	LH
7330	Prolactin
7329	Progesterone

6. FLOWCHART



7. PRECAUTION

All human specimens are potentially infectious and should be treated as such. Follow the Universal safety precautions while handling specimens and the Safety Manual to prevent infection and cross contamination. Wear PPE such as clean lab coat and gloves when handling human specimens. Change gloves often to avoid possible contamination. Open and close all sample tubes carefully to avoid aerosols of blood.



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- Maintain a clean and organized work area before, during, and after every work shift.
- Clean up and disinfect any spills immediately.
- Perform all steps within the lab in the designated working space(s)
- Training is performed by authorized personnel and is documented according to laboratory competency guidelines.

8. PROCEDURE

8.1. Couriers

- 8.1.1. The courier must pick up samples according to the Courier Procedure.
- 8.1.2. The courier must pick up samples by **10:30 AM** and drop the samples off at the lab no later than **1:00 PM**.
 - 8.1.2.1. It is **mandatory** to notify the Client Services Manager of any significant delays, e.g., traffic or client issues.
 - 8.1.2.2. The courier must log in the samples according to the Receiving Log Procedure and alert an accessioner.

8.2. Diagnostics

- 8.2.1. The accessioner must create a Same Day Hormone Tracking Log for the technician to complete and sign off.
- 8.2.2. The accessioner must accession the samples according to the Accessioning SOP.
- 8.2.3. The accessioner must send the requisitions to Client Services for QC.
 - 8.2.3.1. The requisitions will be reviewed for the patient’s name, date of birth, and test orders according to the QC of Requisitions Procedure.
- 8.2.4. The samples must be prioritized, processed, and released by 3:00 PM.
 - 8.2.4.1. It is **mandatory** to notify the Client Services Manager of any significant delays due to any circumstance.

8.3. Client Services Expectations

- 8.3.1. Review requisitions for name, date of birth, and test orders.
- 8.3.2. At 3:00pm, call client and verify client has received all results.
 - 8.3.2.1. If there are any delays, this is when client services would inform client and expected time of completion.
- 8.3.3. Notify lab of any add on test orders.

9. ASSOCIATED DOCUMENTS

- Courier Procedure
- Receiving Log Procedure
- Accessioning SOP
- QC of Requisitions Procedure

END OF DOCUMENT



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1. **DOCUMENT TITLE: Update Client Passwords in LabNexus**

2. **PURPOSE:** To properly update or reset Client passwords in LN.

3. **SCOPE:** This SOP applies to the Client Services department.

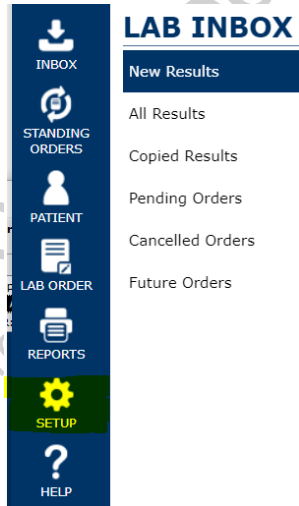
4. **RESPONSIBILITIES**

The following personnel are responsible for the activities described.

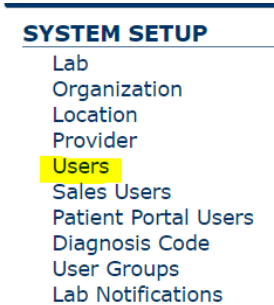
Responsible Party	Activities
Supervisor	<ul style="list-style-type: none"> Provide training and documentation of training
Assignee	<ul style="list-style-type: none"> Follow SOP Report all issues to immediate supervisor

5. **PROCEDURE**

- 5.1. Confirm the client's username (login name).
- 5.2. Log into LabNexus.
- 5.3. Select an organization.
- 5.4. Select **SETUP**.



5.5. Select **USERS** under System Setup.





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5.6. Enter the client's username in the **Login Name** field.

USERS

+ Add New Login Name

Status

STATUS	LOGIN NAME	FIRST NAME	LAST NAME	INITIALS	WORK PHONE
Active	BMorales	Betty	Morales	BM	

Displaying 1 - 1 of 1 record(s) Page Size Page No

- 5.7. Click on the icon to **Edit**.
- 5.8. Select **Reset Password**.

USER - MORALE

- Details
- Locations
- Providers
- Fav. Diagnosis
- Settings
- Notifications
- Notification Logs
- User Groups
- Reset Password**

5.9. Select **Generate Password** or create a temporary password.

Login Name: BMorales Temporary Password: **GENERATE PASSWORD**

First Name: Betty

Last Name: Morales

*Temporary Password expires in 24 hours.
User will be required to change their password on next login.*

Note: User email address is not available to send email.

RESET PASSWORD

- 5.10. Select **Reset Password**.
- 5.11. Provide the client with the temporary password.
- Note:** Ensure to notify the client that the password is only good for 24 hours.

END OF DOCUMENT

Innovative Health Diagnostics

ihdlab.com

CONTACT LIST

Account Name: _____

Account #: _____

Sales Rep: _____

Phone: _____

Email: _____

Customer Service

Test Results, Portal Access, Password Reset, etc.

- Phone: (800) 820-8803 ext 1
- Fax: (949) 271-5736
- Email: cs@ihdlab.com

Billing

- Phone: (800) 820-8803 ext 2
- Fax: (949) 271-5073
- Email: billing@ihdlab.com

Remote Blood Draws or Domestic/Int'l Kits (IVF only)

- Phone: (800) 820-8803 ext 1
- Fax: (949) 861-9367
- Email: kits@ihdlab.com

Laboratory Sample Pickup *

- Phone: (800) 820-8803 ext 1
- Email: pickup@ihdlab.com

IT Support

- Email: itsupport@ihdlab.com

Supplies

- Order online at www.ihdlab.com/supply-order
- Please allow up to 3 business day's lead time.
- Fax: (949) 861-6143

Sales

- Phone: (800) 820-8803 ext 1
- Email: sales@ihdlab.com





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Test Delay Notification

Date	To	Fax #

	Patient Name	Accession #	Test(s)	Reason for Delay
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Reason for Delay Code
<ol style="list-style-type: none"> 1. Delay in product availability 2. Reagent is currently unavailable from the manufacturer 3. Reference lab processing delay (see note) 4. Collection error – incorrect tube 5. Other reasons (see note)

Note

We are working diligently to resolve the problem and will have the result(s) available at your office as soon as possible. Please feel free to contact us if you have any additional questions. We sincerely apologize for any inconvenience.

Innovative Health Diagnostic
Client Services Department
(800) 820-8803
cs@ihdlab.com

1. DOCUMENT TITLE: Client Survey Procedure

2. PURPOSE: To properly obtain unbiased feedback from clients and evaluate clients' satisfaction.

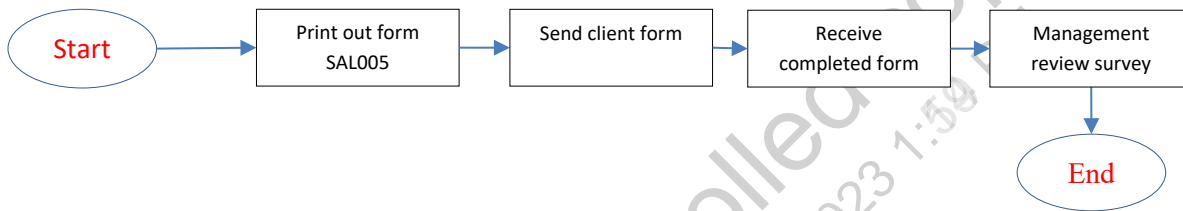
3. SCOPE: This SOP applies to the Sales, Marketing, and Quality Assurance Department.

4. RESPONSIBILITIES

The following personnel are responsible for the activities described.

Responsible Party	Activities
Supervisor	<ul style="list-style-type: none"> Provide training
Staff/ Courier	<ul style="list-style-type: none"> Follow SOP Report all problems to the immediate Supervisor
Management	<ul style="list-style-type: none"> Review survey

5. PROCESS FLOW



6. PROCEDURE

- 6.1. Print out the **Client Survey Form**.
- 6.2. Send the form to the client by email, mail, and fax or courier delivery.
- 6.3. Allow the client to fill out the form in the absence of the courier or the sales rep/executive.
- 6.4. Instruct the client to return the completed survey form via email, fax, or through the postal office.
 - 6.4.1. The courier and the sales rep/representative shall not handle or be in possession of the survey form at any time. The completed form must reach Management and QA sealed if it is sent via the postal service.
- 6.5. Management and Quality Assurance shall review the completed survey forms.
- 6.6. Survey forms shall be conducted for all clients approximately every 6 months.

7. REFERENCE

Client Survey Form

END OF DOCUMENT



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Client Survey Form

Client (name of practice)		Location	
---------------------------	--	----------	--

Category	Fill in the stars	Comment (optional)
Services	★ ★ ★ ★ ★	
Turn-around-time	★ ★ ★ ★ ★	
Result Accuracy	★ ★ ★ ★ ★	
Test Menu	★ ★ ★ ★ ★	
Prices	★ ★ ★ ★ ★	
Courier	★ ★ ★ ★ ★	
Sales Rep.	★ ★ ★ ★ ★	
Web Portal	★ ★ ★ ★ ★	
Lab Report	★ ★ ★ ★ ★	
Billing	★ ★ ★ ★ ★	

Complete the sentences

IHD can improve by...
The best thing about IHD is...
The worst thing about IHD is...
Compared to other labs, IHD is...

Use the back page for additional comments

The likelihood of us continuing IHD services is	_____ %	Today's Date
---	---------	--------------

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Innovative Health Diagnostics
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DD Month YYYY

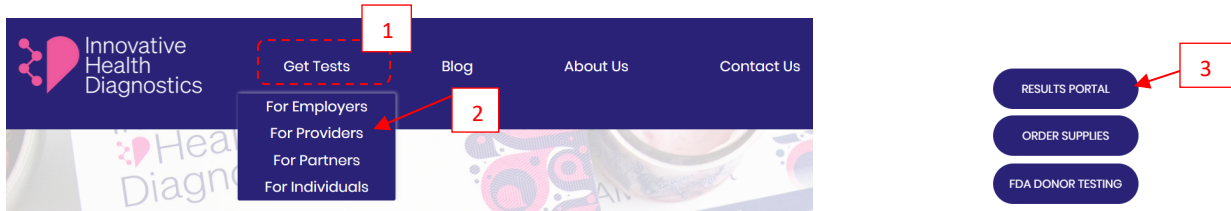
Dear **John Doe**,

Sincerely,

Name
Title
Phone
Email

Uncontrolled copy
 Current as of 7/5/2023 1:19 PM

1. Go to <https://www.ihdlab.com/>
2. Click on the links as shown below to get to the portal:



3. Log into the portal with the provided **Username** and **Password**.

ID	Temporary Password	This password will expire on: _____ at _____
		If your password is expired, please contact Client Support at 1-800-8803 (ext 1). A client service representative will reset your password.

4. Select the appropriate **Organization** and **Location** then sign in.

Sign in with your Account

Username Are you a Patient?

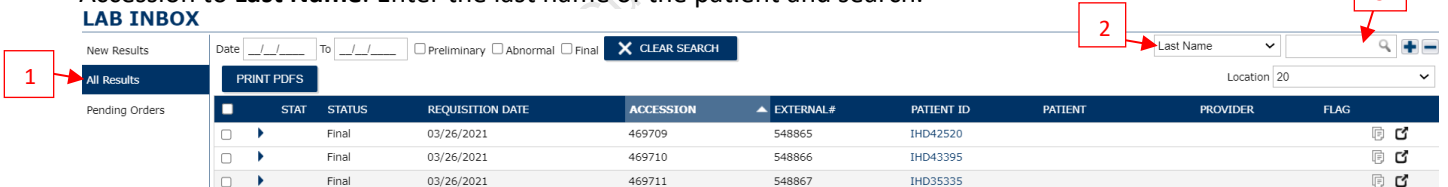
Organization

Location

SIGN IN **CANCEL**

5. For the first time users, please read over the terms and conditions as well as change the temporary password.
 - a. Click on **Service, Customer** located at the top of the page.
 - b. Click **Change Password** and update the password settings. New Password: _____

6. To view reports, select **All Results** in the Lab Inbox located on the home page. Using the dropdown, change Accession to **Last Name**. Enter the last name of the patient and search.



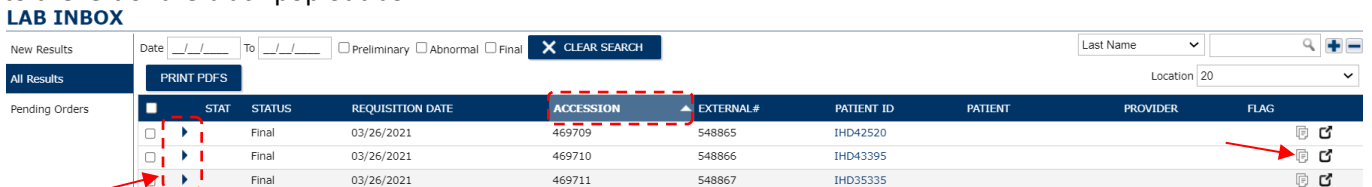
LAB INBOX

New Results Date: ___/___/___ To: ___/___/___ Preliminary Abnormal Final **X CLEAR SEARCH**

All Results **PRINT PDFS** Location: 20

STAT	STATUS	REQUISITION DATE	ACCESSION	EXTERNAL#	PATIENT ID	PATIENT	PROVIDER	FLAG
<input type="checkbox"/>	Final	03/26/2021	469709	548865	IHD42520			
<input type="checkbox"/>	Final	03/26/2021	469710	548866	IHD43395			
<input type="checkbox"/>	Final	03/26/2021	469711	548867	IHD35335			

7. To view general results, select Accession number. For molecular and customer reports, select the attachment icon to the left of the black pop out box.



LAB INBOX

New Results Date: ___/___/___ To: ___/___/___ Preliminary Abnormal Final **X CLEAR SEARCH** Last Name: _____

All Results **PRINT PDFS** Location: 20

STAT	STATUS	REQUISITION DATE	ACCESSION	EXTERNAL#	PATIENT ID	PATIENT	PROVIDER	FLAG
<input type="checkbox"/>	Final	03/26/2021	469709	548865	IHD42520			
<input type="checkbox"/>	Final	03/26/2021	469710	548866	IHD43395			
<input type="checkbox"/>	Final	03/26/2021	469711	548867	IHD35335			

8. To view Preliminary Results, click the arrows on the left to expand the view.

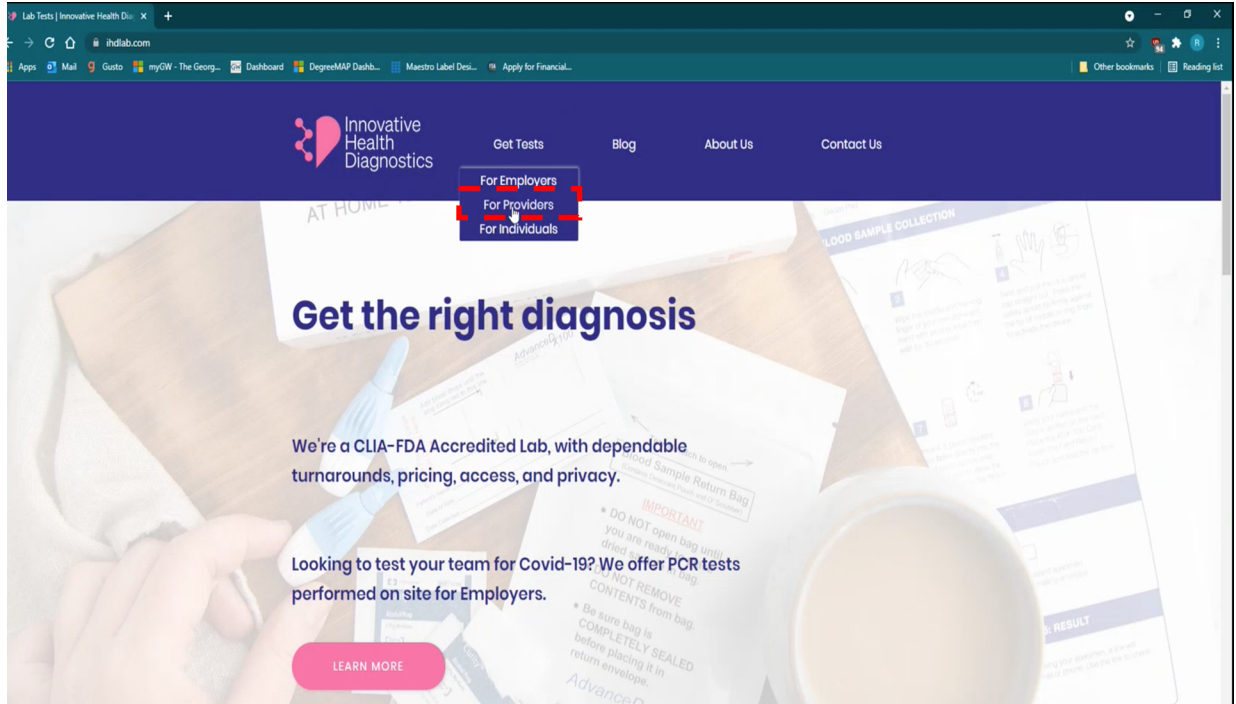


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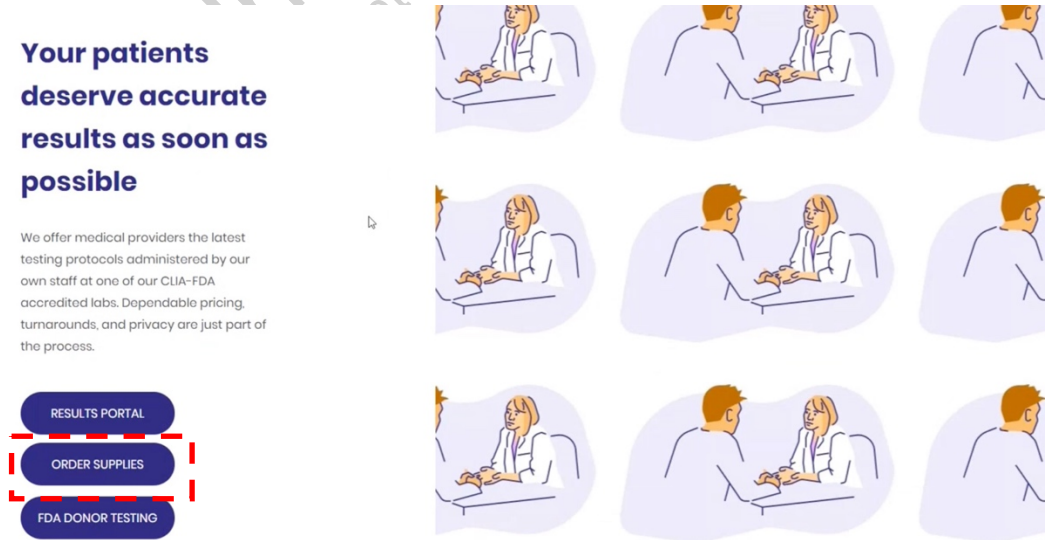
PROCEDURE TO REORDER SUPPLIES USING THE IHD WEBSITE

1. PROCEDURE

- 1.1. Go to website www.ihdlab.com
- 1.2. Click on the menu: **Get Tests > For Providers**



- 1.3. On the page that opens, click **Order Supplies**.





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- 1.4. The page that opens will contain all the list of items that can be ordered. Click the button 'Load More' at the bottom of the page to view the complete inventory.
- 1.5. Take the mouse on any of the items that you want to buy, 'Quick View' button will be displayed.



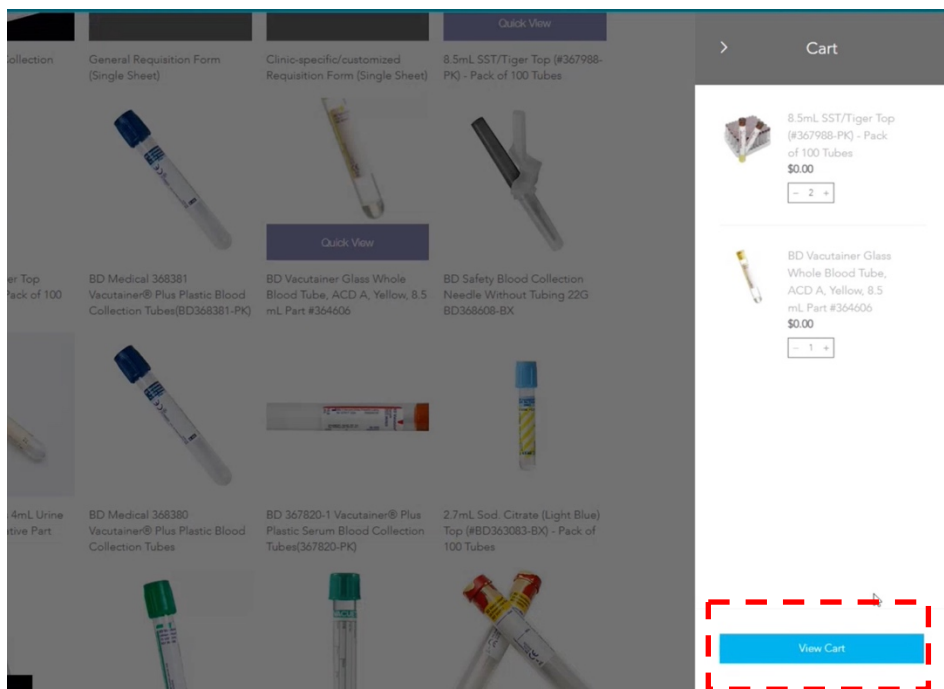
- 1.6. Click on Quick View to get the details of the item. Select the quantity required and press **Add to Cart**.



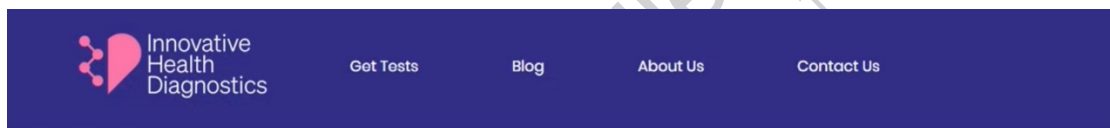
- 1.7. The item will be added in the cart which will be displayed on right side. Add more items as required. Click View Cart once you have added all the items that are required.



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1.8. This will open the cart. Verify the details and click **Checkout**.



Cart

Items					Order Summary	
	8.5mL SST/Tiger Top (#367988-PK) - Pack of 100 Tubes \$0.00	- 2 +	\$0.00	×	Subtotal	\$0.00
	BD Vacutainer Glass Whole Blood Tube, ACD A, Yellow, 8.5 mL Part #364606 \$0.00	- 1 +	\$0.00	×	Shipping	FREE
					California, United States	
					Total	\$0.00
					Checkout	

1.9. The next page will require you to enter the **shipping details**. Enter all the details in the form and click **Continue**.



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Harbor Health Contact Sheet

HQ - Corporate	Address	Phone Number
Harbor Health Care, Inc	3300 E. South St. #206 Lakewood, CA 90805	(562) 866-7054
Division	Address	Phone Number
Arkansas	11662 Arkansas Artesia, CA 90701	(562) 924-7941
Blackstar	7642 Blackstar Lane La Palma, CA 90623	(562) 860-7765
Camelot	9902 Rose Street Bellflower, CA 90706	(562) 804-6453
Clark	13638 S. Clark Ave Bellflower, CA 90706	(562) 866-4179
Destino	13556 Destino Street Cerritos, CA 90703	(562) 926-5994
Gable	13640 Clark Ave Bellflower, CA 90706	(562) 920-5755
Granada	9904 Rose Street Bellflower, CA 90706	(562) 804-0624
Hoback	11262 Hoback Ave Norwalk, CA 90650	(562) 929-2955
La Fonda	14838 La Fonda Street La Mirada, CA 90638	(714) 228-1152
Minuet	9634 Rose Street Bellflower, CA 90706	(562) 866-2656
Phoenix	9630 Rose Street Bellflower, CA 90706	(562) 866-8235
Redwood	9342 Redwood Street Cypress, CA 90630	(714) 952-4528
Rose	9632 Rose Street Bellflower, CA 90706	(562) 866-1562

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 Current as of 7/5/2022



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1. DOCUMENT TITLE: Sample Pick Up Request Procedure

2. PURPOSE

To properly complete sample pick up requests.

3. SCOPE

This SOP applies to all samples pick up requests.

4. RESPONSIBILITIES

The following personnel are responsible for the activities described.

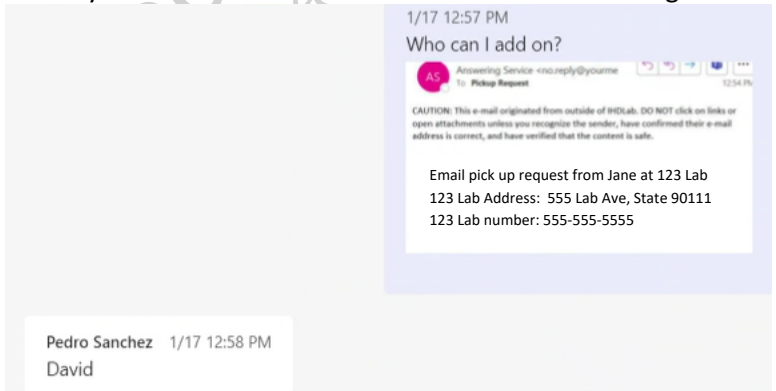
Responsible Party	Activities
Client Services Manager	<ul style="list-style-type: none"> Follow SOP Report all issues to immediate supervisor
Client Services	<ul style="list-style-type: none"> Follow SOP Report all issues to immediate supervisor
Courier Manager	<ul style="list-style-type: none"> Follow SOP

5. PROCEDURE

5.1. Client Services receives sample pick up requests via email or phone call.

6. Sample Pickup Requests via Email

- 6.1. Screenshot the email request and message the Courier manager.
- 6.2. Ensure to provide the **Name of Client** and **Address** of the pickup to the Courier Manager via **MS Teams**.
- 6.3. **IMPORTANT:** It is mandatory to receive confirmation from the Courier manager.



- 6.4. Allow **10 minutes** from the initial Teams message before following up.
- 6.5. If no response after the follow up, give the courier manager a call.
- 6.6. After the Courier manager confirms the pickup route, provide the client with the **confirmation number**.
 - 6.6.1. The confirmation number follows the format: MMDDTT (MM = Month, DD = Date, TT = Time) e.g., If the pickup request was made on Jan. 24 at 1:45 PM, then the confirmation number is 124145



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7. Sample Pickup Requests via Phone Call

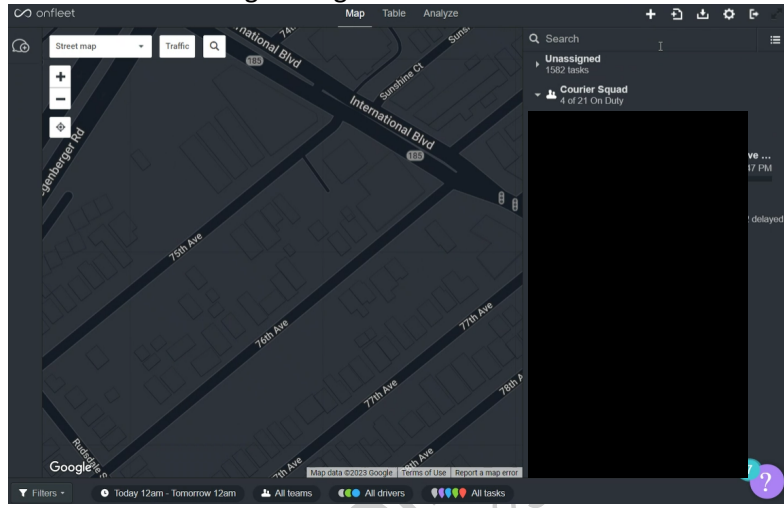
7.1. Follow sections 6.2-6.6.1.

8. Adding Routes to OnFleet

8.1. Follow these steps if the Courier manager **cannot** add the client to the pickup route:

8.1.1. Open **OnFleet**.

8.1.2. Select the **driver** the Courier Manager assigns.



8.1.3. Select **Create New Task** and select **Pickup**.

Create New Task
Recipient and Destination are required

Recipient Details * No recipient

Phone Number Name

Notes about the recipient...

Task Details Pickup Dropoff

Details about the task...

Destination * Use coordinates

Address

Apartment, Building, Suite

Destination notes...

Additional Settings (optional)

Delivery time window
For tasks with a schedule or estimated fulfillment time.

Complete after Complete before

Time Time

Driver App requirements

Cancel Create Task

8.1.4. For **Destination**, enter the Name of the Client. The client's name should auto-populate.



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Destination * Use coordinates

Restoring Health Medical Institute, Inc: David Moo:

Apartment, Building, Suite

Destination notes...

Additional Settings (optional)

Delivery time window
For tasks with a schedule or estimated fulfillment time.

Complete after Complete before

Driver App requirements
Require actions in the Driver App to complete this task. Will override Admin selections.

Customer signature Photo of delivery

Add notes

Route Optimization settings

Service time Minutes the driver may spend at a destination between arrival and task completion.

Quantity Must match the Driver Capacity unit type. Route Optimization strictly adheres to quantity as it compares to Driver Capacity.

Cancel

8.1.5. Select **Add notes** to Assign the task to the driver.

Assign task

Search

Teams

Courler Squad

Drivers

Cancel

Assignment (optional)

Assign to Driver or Team

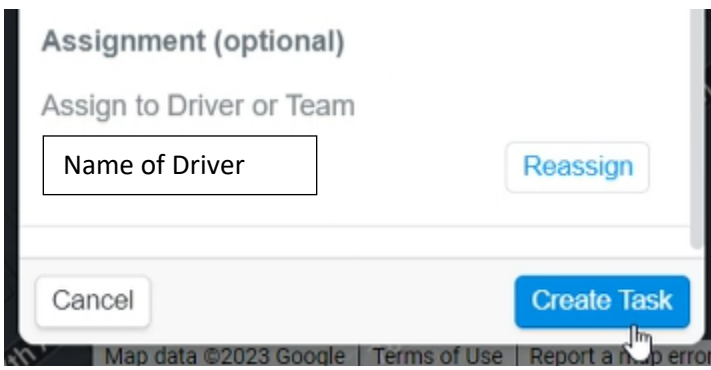
Cancel

8.1.6. Select the **Driver** and select **Assign**.

8.1.7. Click on **Create Task**.



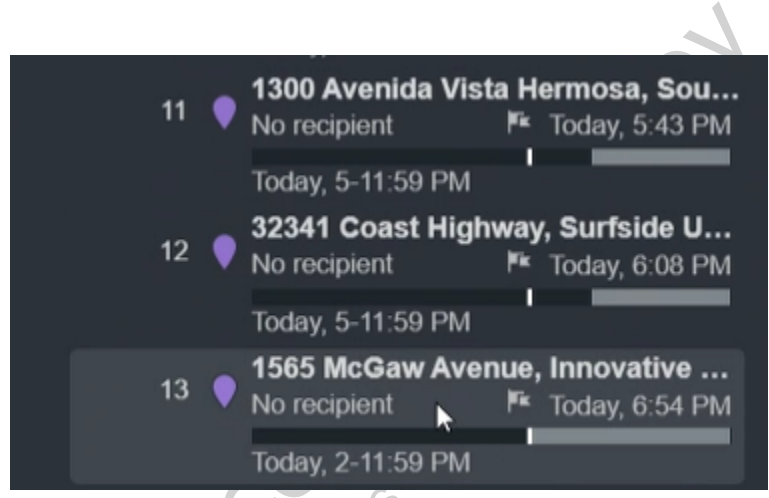
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8.1.8. Go back to Maps and select the driver created in section 8.1.7.

8.1.9. Scroll down in the driver's route and move the newly added Task (route) above IHD's lab address.

Note: The lab is last stop in the driver's route.



8.1.10. Notify courier manager that route was added for the driver.

END OF DOCUMENT

1. DOCUMENT TITLE: General Same Day Hormone Program

2. PURPOSE

To properly fulfill the same day hormone program at IHD.

3. SCOPE

This SOP only applies to all clients utilizing the same day hormone program with IHD.

4. RESPONSIBILITIES

The following personnel are responsible for the activities described.

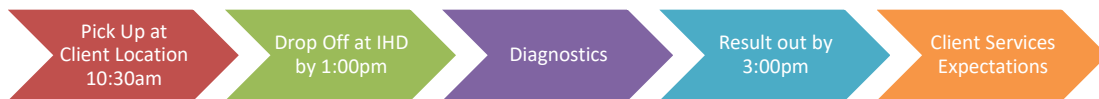
Responsible Party	Activities
Supervisors	<ul style="list-style-type: none"> Follow SOP Provide training and documentation of training
Client Services	<ul style="list-style-type: none"> Follow SOP Report all issues to immediate supervisor
Courier	<ul style="list-style-type: none"> Follow SOP Report all issues to immediate supervisor
Lab	<ul style="list-style-type: none"> Follow SOP Report all issues to immediate supervisor

5. POLICY

- Hormone results collected by **10:30 AM** are to be reported to the client by **3:00 PM**, Monday-Friday.
- Samples will be picked up by **10:30 AM** at client locations and delivered to the lab by **1:00 PM**.
- Same Day Hormones include:

Test Code	Test Name
7362	Estradiol (E2)
7326	FSH
7359	HCG
7327	LH
7330	Prolactin
7329	Progesterone

6. FLOWCHART



7. PRECAUTION

All human specimens are potentially infectious and should be treated as such. Follow the Universal safety precautions while handling specimens and the Safety Manual to prevent infection and cross contamination. Wear PPE such as clean lab coat and gloves when handling human specimens. Change gloves often to avoid possible contamination. Open and close all sample tubes carefully to avoid aerosols of blood.

- Maintain a clean and organized work area before, during, and after every work shift.
- Clean up and disinfect any spills immediately.
- Perform all steps within the lab in the designated working space(s)
- Training is performed by authorized personnel and is documented according to laboratory competency guidelines.

8. PROCEDURE

8.1. Couriers

- 8.1.1. The courier must pick up samples according to the Courier Procedure.
- 8.1.2. The courier must pick up samples by **10:30 AM** and drop the samples off at the lab no later than **1:00 PM**.
 - 8.1.2.1. It is **mandatory** to notify the Client Services Manager of any significant delays, e.g., traffic or client issues.
 - 8.1.2.2. The courier must log in the samples according to the Receiving Log Procedure and alert an accessioner.

8.2. Diagnostics

- 8.2.1. The accessioner must create a Same Day Hormone Tracking Log for the technician to complete and sign off.
- 8.2.2. The accessioner must accession the samples according to the Accessioning SOP.
- 8.2.3. The accessioner must send the requisitions to Client Services for QC.
 - 8.2.3.1. The requisitions will be reviewed for the patient's name, date of birth, and test orders according to the QC of Requisitions Procedure.
- 8.2.4. The samples must be prioritized, processed, and released by 3:00 PM.
 - 8.2.4.1. It is **mandatory** to notify the Client Services Manager of any significant delays due to any circumstance.

8.3. Client Services Expectations

- 8.3.1. Review requisitions for name, date of birth, and test orders.
- 8.3.2. At 3:00pm, call client and verify client has received all results.
 - 8.3.2.1. If there are any delays, this is when client services would inform client and expected time of completion.
- 8.3.3. Notify lab of any add on test orders.

9. ASSOCIATED DOCUMENTS

Courier Procedure
Receiving Log Procedure
Accessioning SOP
QC of Requisitions Procedure

END OF DOCUMENT

1. DOCUMENT TITLE: Courier Procedure

2. PURPOSE

To provide instructions for Couriers.

3. SCOPE

This SOP applies to all Couriers and Phlebotomists.

4. RESPONSIBILITIES

The following personnel are responsible for the activities described.

Responsible Party	Activities
Supervisor	<ul style="list-style-type: none"> Provide training and documentation of training
Courier	<ul style="list-style-type: none"> Follow SOP Report all issues to immediate supervisor
Phlebotomist	<ul style="list-style-type: none"> Follow SOP Report all issues to immediate supervisor

5. POLICY

Immediately call the Courier Supervisor if any issue arises. If the Courier Supervisor is not available, call the main lab directly. If for any reason, a pickup is anticipated to be delayed or possibly missed, a phone call must be made to the Courier Supervisor. If the Courier Supervisor cannot accommodate the pickup, the Courier Supervisor must communicate the problem to IHD management team ASAP. The management team will attempt to do the pickup if possible. In the case where pickup is not possible, under the directive of management, Customer Service will reach out to the client about the situation.

5.1. Driving Safety Policy

5.1.1. The courier must follow **SOP 137544.532 Driving Safety Policy**. Driving safely is always a priority. Texting or speaking on the phone while driving is dangerous and is strictly prohibited.

5.2. Courier Responsibilities

5.2.1. Vehicle and Its Operation

5.2.1.1. The courier is responsible for maintaining his or her own vehicle.

5.2.1.2. The courier shall save receipt of all expenses that incurred while on courier service.

5.2.1.3. Use of the **Onfleet App is mandatory**.

5.2.1.3.1. Calculate mileage on the Onfleet app. Mileage reimbursements will be based on OnFleet data.

5.2.1.4. The courier must have a valid driver license, properly insured, and maintain a valid vehicle registration.

5.2.1.5. The courier is responsible for following all applicable laws and regulations at all times.

5.3. Attire

5.3.1. Hair must be neatly groomed, and no strong perfume or cologne is allowed. Strong body odor from poor personal hygiene is not acceptable.

5.3.2. Couriers are expected to dress professionally at all times. The following articles of clothing is strictly prohibited:

- Flip flops
- Tank tops
- Gang related on clothing
- Shorts
- Sexual images on clothing
- Politically related on clothing

5.4. Attitude

Couriers represent the face of the company. All couriers shall be polite and respectful at all times. Positive attitude is required even when no clients are around.

5.5. Phlebotomist Responsibilities

5.5.1. The phlebotomist is responsible for checking lockboxes every morning at the client's facility to ensure no samples were missed from the previous pickup.

5.5.2. The phlebotomist must notify the Courier Supervisor if there is an expected sample pickup after 5:00 PM.

6. PROCEDURE

6.1. Before Departure

6.1.1. The courier must arrive to the lab at the specified time.

6.1.2. Obtain enough coolers and appropriate number of plastic bags for the route.

6.1.3. Place cool packs inside the cooler(s).

6.1.4. Check that there is enough gas in the vehicle for the trip.

6.1.5. Open the **OnFleet App**.

6.1.5.1. The **LOCATION** must be turned on **BEFORE** beginning the route.

6.1.5.2. Refer to **SOP 137544.648 OnFleet Driver App Procedure** on how to use the App.

6.2. During the Trip

6.2.1. For each visit, greet the client with a smile. When leaving the client's facility, always smile and wave goodbye.

6.2.2. For each destination, electronically record the time of arrival and the quantity of specimen bags received.

6.2.2.1. Taking pictures of the samples is recommended.

6.2.3. Review the entire route destinations for new pickup entries at each stop on **Onfleet**.

6.2.4. Note and report any messages from the client to the Courier Supervisor.

6.2.5. All samples must be placed in the courier bag directly without any intermediate transfer to any other containers at any point during the courier trip

6.2.6. For night pickups, always observe the surrounding area carefully before leaving the vehicle.

6.2.7. For in person pickups, always ask the client if there are additional samples to pick up.

6.3. Lockboxes with no Samples

- 6.3.1. If there are no samples in the lockbox, fill out the courier tag card and place it in the lockbox then take a photo of it before leaving using the Onfleet App.
- 6.3.2. If there are no samples for a “will call” pickup, contact the Courier Supervisor.
- 6.3.3. Notify the Courier Supervisor if there are no samples at IHD PSC locations.
 - 6.3.3.1. The Courier Supervisor must notify the Phlebotomist Supervisor to confirm the number of samples at the location.

6.4. Returning to the Lab

- 6.4.1. Once arrived at the lab, check the vehicle to make sure that no samples fell out of the cooler.
- 6.4.2. Unload all samples onto the designated location.
- 6.4.3. Follow the **Receiving of Specimen Procedure** and fill out the **Specimen Entry Log**.
- 6.4.4. Verify that there are no samples left inside the cooler.
- 6.4.5. The courier must ensure that the accessioners verify the number of samples received.

7. ASSOCIATED DOCUMENTS

- 137544.648 OnFleet Driver App Procedure
- 137544.8 Courier Tag
- 137544.4 Receiving of All Specimens Procedure
- 137544.5 Specimen Entry Log

END OF DOCUMENT



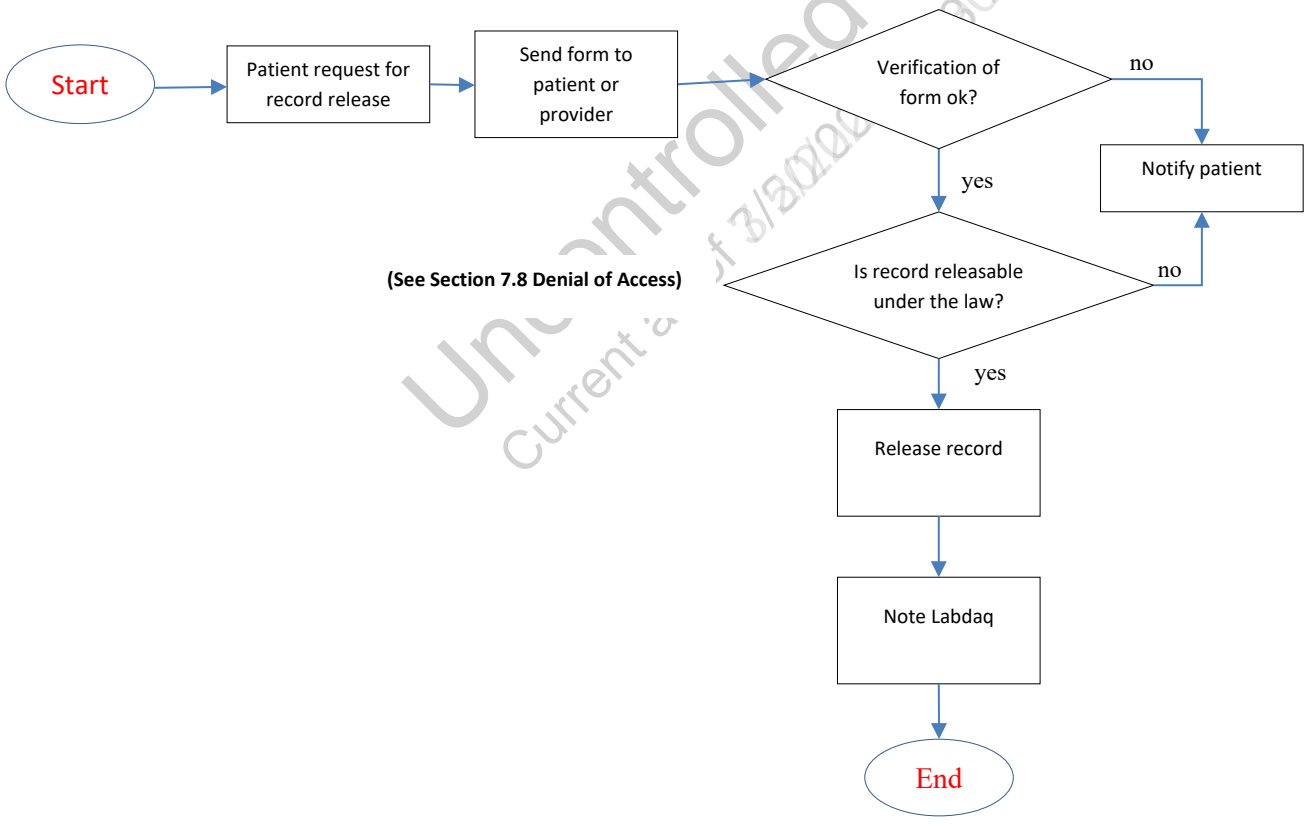
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1. **DOCUMENT TITLE:** Procedure for Releasing Medical Records Directly to Patients
2. **PURPOSE:** To establish guidelines for releasing Medical Records directly to patients
3. **SCOPE:** This SOP applies to all patient related medical records at IHD.
4. **RESPONSIBILITIES**

The following personnel are responsible for the activities described.

Responsible Party	Activities
Supervisor	<ul style="list-style-type: none"> • Provide training
Client Service	<ul style="list-style-type: none"> • Follow SOP • Report all problems to the immediate Supervisor

5. **PROCESS FLOW**



6. DEFINITION

- 6.1. **Medical Record** - The collection of information concerning a patient and his or her test results that is created and maintained in the regular course of laboratory testing.
 - 6.1.1. Dummy records for the purposes of troubleshoot, system testing, or for manufacturing purposes are not considered medical records.
- 6.2. **Protected Health Information (“PHI”)** - PHI is individually identifiable health information that is transmitted or maintained in any medium, including oral statements.

7. OVERVIEW

- 7.1. **Records released to the patient**
 - 7.1.1. The regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which protect the privacy and security of individuals’ identifiable health information and establish an array of individual rights with respect to health information, have always recognized the importance of providing individuals with the ability to access and obtain a copy of their health information. With limited exceptions, the HIPAA Privacy Rule (the Privacy Rule) provides individuals with a legal, enforceable right to see and receive copies upon request of the information in their medical and other health records maintained by their health care providers and health plans. This includes the right to inspect or obtain a copy, or both, of the PHI, as well as to direct the covered entity to transmit a copy to a designated person or entity of the individual’s choice. Individuals have a right to access this PHI for as long as the information is maintained by a covered entity, or by a business associate on behalf of a covered entity, regardless of the date the information was created; whether the information is maintained in paper or electronic systems onsite, remotely, or is archived; or where the PHI originated (e.g., whether the covered entity, another provider, the patient, etc.).
 - 7.1.2. Upon request, IHD is committed to provide patients access to their laboratory records, billing records, and any other records required by 45 CFR 164.501.
- 7.2. **Records not released to patient**
 - 7.2.1. An individual does not have a right to access PHI that is not used to make decisions about individuals. This may include certain quality assessment or improvement records, patient safety activity records, or business planning, development, and management records that are used for business decisions more generally rather than to make decisions about individuals.
 - 7.2.2. An individual may not have access to information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. See 45 CFR 164.524(a)(1)(ii).
- 7.3. **Written request**
 - 7.3.1. The law allows IHD to require an individual to fill out a written request. Such request is not considered a barrier or unreasonable delay record released.

7.4. **Verification of written request**

7.4.1. The law requires IHD to verify the request by whatever method IHD chooses as long as it is reasonable. Examples of unreasonable requests to access:

- It is not reasonable to require patient to come to IHD and provide proof of identity before releasing the medical record.
- Forcing patients to use a web portal if the patient does not have the mean to access the web portal.
- Require access request by mail. Such request will cause unreasonable delay and therefore prohibited by law.

7.5. **Form and format**

7.5.1. The Privacy Rule requires a covered entity to provide the individual with access to the PHI in the form and format requested, if readily producible in that form and format, or if not, in a readable hard copy form or other form and format as agreed to by the covered entity and individual.

7.5.2. Transmission of medical data may be released via email to the patient upon request by the patient.

7.6. **Timeliness**

7.6.1. Medical record must be released within 30 days from the date of the request. See 45 CFR 164.524(b)(2). However, if the information is readily available, it must be released sooner.

7.6.2. If it takes more than 30 days, another 30 days may be extended. the patient must be informed in writing of the delay within the initial 30 days of the reason for the delay and the date of which the medical records will be available.

7.7. **Fees for Copies**

7.7.1. The Privacy Rule permits a covered entity to impose a reasonable, cost-based fee if the individual requests a copy of the PHI (or agrees to receive a summary or explanation of the information). The fee may include only the cost of:

- labor for copying the PHI requested by the individual, whether in paper or electronic form;
- supplies for creating the paper copy or electronic media (e.g., CD or USB drive) if the individual requests that the electronic copy be provided on portable media;
- postage, when the individual requests that the copy, or the summary or explanation, be mailed;
- preparation of an explanation or summary of the PHI, if agreed to by the individual. See 45 CFR 164.524(c)(4).

7.7.2. The fee may not include costs associated with:

- verification;
- documentation;
- searching for and retrieving the PHI;

- maintaining systems;
- recouping capital for data access,
- storage,
- infrastructure;
- other costs not listed above even if such costs are authorized by State law.

7.8. Denial of access

Under certain limited circumstances, a covered entity may deny an individual's request for access to all or a portion of the PHI requested. In some of these circumstances, an individual has a right to have the denial reviewed by a licensed health care professional designated by the covered entity who did not participate in the original decision to deny.

7.8.1. Unreviewable grounds for denial (45 CFR 164.524(a)(2)):

- The request is for psychotherapy notes, or information compiled in reasonable anticipation of, or for use in, a legal proceeding.
- An inmate requests a copy of her PHI held by a covered entity that is a correctional institution, or health care provider acting under the direction of the institution, and providing the copy would jeopardize the health, safety, security, custody, or rehabilitation of the inmate or other inmates, or the safety of correctional officers, employees, or other person at the institution or responsible for the transporting of the inmate. However, in these cases, an inmate retains the right to inspect her PHI.
- The requested PHI is in a designated record set that is part of a research study that includes treatment (e.g., clinical trial) and is still in progress, provided the individual agreed to the temporary suspension of access when consenting to participate in the research. The individual's right of access is reinstated upon completion of the research.
- The requested PHI is in Privacy Act protected records (i.e., certain records under the control of a federal agency, which may be maintained by a federal agency or a contractor to a federal agency), if the denial of access is consistent with the requirements of the Act.
- The requested PHI was obtained by someone other than a health care provider (e.g., a family member of the individual) under a promise of confidentiality, and providing access to the information would be reasonably likely to reveal the source of the information.

7.8.2. Reviewable grounds for denial (45 CFR 164.524(a)(3)). A licensed health care professional has determined in the exercise of professional judgment that:

- The access requested is reasonably likely to endanger the life or physical safety of the individual or another person. This ground for denial does not extend to concerns about psychological or emotional harm (e.g., concerns that the individual will not be able to understand the information or may be upset by it).
- The access requested is reasonably likely to cause substantial harm to a person (other than a health care provider) referenced in the PHI.
- The provision of access to a personal representative of the individual that requests such access is reasonably likely to cause substantial harm to the individual or another person.
- Note that a covered entity may not require an individual to provide a reason for requesting access, and the individual's rationale for requesting access, if voluntarily offered or known by the covered entity or business associate, is not a permitted reason to deny access. In addition, a covered entity may not deny access because a business associate of the covered

entity, rather than the covered entity itself, maintains the PHI requested by the individual (e.g., the PHI is maintained by the covered entity's electronic health record vendor or is maintained by a records storage company offsite).

7.9. Carrying Out the Denial

- 7.9.1. If the covered entity denies access, in whole or in part, to PHI requested by the individual, the covered entity must provide a denial in writing to the individual no later than within 30 calendar days of the request (or no later than within 60 calendar days if the covered entity notified the individual of an extension). See 45 CFR 164.524(b)(2). The denial must be in plain language and describe the basis for denial; if applicable, the individual's right to have the decision reviewed and how to request such a review; and how the individual may submit a complaint to the covered entity or the HHS Office for Civil Rights. See 45 CFR 164.524(d).
- 7.9.2. If the covered entity (or one of its business associates) does not maintain the PHI requested, but knows where the information is maintained, the covered entity must inform the individual where to direct the request for access. See 45 CFR 164.524(d)(3).
- 7.9.3. The covered entity must, to the extent possible and within the above timeframes, provide the individual with access to any other PHI requested, after excluding the PHI to which the entity has a ground to deny access. See 45 CFR 164.524(d)(1). Complexity in segregating the PHI does not excuse the obligation to provide access to the PHI to which the ground for denial does not apply.

7.10. Review of Denial

- 7.10.1. If the denial was based on a reviewable ground for denial and the individual requests review, the covered entity must promptly refer the request to the designated reviewing official. The reviewing official must determine, within a reasonable period of time, whether to reaffirm or reverse the denial. The covered entity must then promptly provide written notice to the individual of the determination of the reviewing official, as well as take other action as necessary to carry out the determination. See 45 CFR 164.524(d)(4).

7.11. Individual's Right to Direct the PHI to Another Person

- 7.11.1. An individual also has a right to direct the covered entity to transmit the PHI about the individual directly to another person or entity designated by the individual. The individual's request to direct the PHI to another person must be in writing, signed by the individual, and clearly identify the designated person and where to send the PHI. A covered entity may accept an electronic copy of a signed request (e.g., PDF), as well as an electronically executed request (e.g., via a secure web portal) that includes an electronic signature. The same requirements for providing the PHI to the individual, such as the fee limitations and requirements for providing the PHI in the form and format and manner requested by the individual, apply when an individual directs that the PHI be sent to another person. See 45 CFR 164.524(c)(3).

7.12. State Laws

- 7.12.1. State laws that provide individuals with greater rights of access to their PHI than the Privacy Rule, or that are not contrary to the Privacy Rule, are not preempted by HIPAA and thus still apply. For example, a covered entity subject to a State law that requires that access to PHI be provided to an

individual in a shorter time frame than that required in the Privacy Rule must provide such access within the shorter time frame because the State law is not contrary to the Privacy Rule.

- 7.12.2. Unless an exemption exists in the HIPAA Rules, State laws that are contrary to the Privacy Rule access provisions – such as those that prohibit certain laboratories from disclosing test reports directly to an individual – are preempted by HIPAA. See 45 CFR 160.203. Thus, these State laws do not apply when an individual exercises her HIPAA right of access. See 45 CFR Part 160, Subpart B.

8. PROCEDURE

- 8.1. Have patient fill out the **Authorization to Release of Test Reports to Patients** by sending the form directly to the patient or to the patient’s healthcare provider.
- 8.2. Scan the completed form to Microadvantage.
- 8.3. Verify the requestor’s identity.
- 8.4. Determine if the records are releasable by law. See **Denial of Access** section.
- 8.5. Release medical records via the method chosen by the patient.
- 8.6. Make a note in Labdaq.

9. REFERENCE

- 9.1. Authorization to Release of Test Reports to Patient

END OF DOCUMENT

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1. DOCUMENT TITLE: How to Differentiate Identical DTC Panels in LabDaq

2. PURPOSE: To properly differentiate identical DTC panels in LabDaq.

3. SCOPE: This SOP applies to all DTC panels.

4. RESPONSIBILITIES

The following personnel are responsible for the activities described.

Responsible Party	Activities
Assignee	<ul style="list-style-type: none"> Follow SOP

5. PROCEDURE

5.1. To Differentiate ADX Panels:

5.1.1. **ADX panels** follow the panel name: **“(Test Name) At Home”**

5.1.2. View the **Internal Control** to indicate the ADX panel.

5.1.2.1. **ADX Internal Control**

Examples:

1041833	Test, Provider	11/22/2021 3:47 PM : AS
[+]	[C] Albumin at Home	11/22/2021 3:56 PM R:AS A:AS
[+]	ADX Internal Control	11/22/2021 3:50 PM R:AS A:AS

1035649	Test, Provider	11/18/2021 7:48 PM : AS
[+]	[CA] Cortisol at Home	11/18/2021 7:51 PM R:AS A:AS
[+]	[A] ADX Internal Control	11/18/2021 7:51 PM R:AS A:AS

5.2. To Differentiate WHATMAN Panels:

5.2.1. **Whatman panels** follow the panel name: **“(Test Name) At Home Whatman”**

5.2.2. View the **Internal Control** to indicate the Whatman panel.

5.2.2.1. **Whatman Internal Control**

Examples:

[+]	TSH at Home (Whatman)	PENDING
[+]	Whatman Internal Control	2/18/2022 12:38 AM R:MR

1715843	Test, Provider	7/8/2022 1:30 PM : AS
[+]	[A] Anti-Mullerian Hormone (AMH) at Home WHATMAN	7/8/2022 1:33 PM R:AS A:AS
[+]	[A] Whatman Internal Control	7/8/2022 1:33 PM R:AS A:AS



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1. DOCUMENT TITLE: DTC Troubleshooting for Client Services

2. PURPOSE

To provide Client Services a guide for troubleshooting DTC kits.

3. SCOPE

This SOP applies to the Client Services department.

4. RESPONSIBILITIES

The following personnel are responsible for the activities described.

Responsible Party	Activities
Supervisor	<ul style="list-style-type: none"> • Provide training and documentation of training
Assignee	<ul style="list-style-type: none"> • Follow SOP • Report all issues to immediate supervisor

5. PROCEDURE

5.1. DTC Courtesy Kits

5.1.1. Ordering of a new DTC courtesy kit may be performed **without management approval** for the following criteria:

- QNS - Quantity Not Sufficient
- Expired collection components

5.1.2. **Management approval is REQUIRED** if the test kit received was not supplied with proper testing components.

5.2. Refund Requests

5.2.1. Refund requests for any reason must be reviewed by Management.

END OF DOCUMENT



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Attestation Form

Dear Valued Client:

We received one of the following from your office on _____

- an unlabeled specimen(s)
- a mislabeled specimen(s)
- a specimen(s) missing a second identifier

With our Accession ID Number of _____

The Name on the REQUISITION is _____ Date of Birth _____

PLEASE SIGN THE FORM AND FAX BACK AS SOON AS POSSIBLE TO MINIMIZE DELAYS. THANK YOU.

***** RETURN FAX NUMBER: 949-271-5736 *****

The following attestation needs to be signed by an Authorized Personnel with Ordering Privileges:

I understand that the laboratory has received one of the following: an unlabeled specimen, mislabeled specimen, or specimen missing a second identifier for analysis. I understand that the best practice for patient care is that specimens should be labeled with two unique identifiers and that properly identifiable specimens are a requirement for clinical laboratory testing under CLIA Federal regulations. I understand that the laboratory recommends redraw from this patient with careful attention to specimen labeling requirements.

I hereby request that the laboratory accept and process this sample even though this is contrary to the laboratory's policies. I attest that I accept full responsibility for requesting that the laboratory process this unlabeled sample. I indemnify and hold the laboratory and its staff harmless from any responsibility related to the identification of this sample, including any lawsuits or claims that may arise. I recognize that the laboratory report will include the following comment:

Comment: The laboratory received one of the following: an unlabeled specimen, mislabeled specimen, or specimen missing a second identifier, and the identity of this specimen could not be confirmed at time of receipt. Per the request of the Authorized Personnel, the laboratory has processed this sample and assigned this sample to the patient on the header of this report. Careful consideration should be made when using these results for the treatment of this patient.

Authorized by: _____ **Title:** _____ **Date:** _____

I assign this sample to the patient identified below.

PRINT CORRECT PATIENT NAME

PRINT DATE OF BIRTH



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Specimen Rejection Notice

Date Sent: / /

Internal Use Only
Accession ID:

We regretfully inform you that the case below is not going to be processed and will be signed out as rejected due to the reasons indicated below. If needed, please recollect the specimen sample and resubmit to Innovative Health Diagnostics for testing.

Specimen Information: Patient Name/Identifier

Patient Name: _____

Patient D.O.B: _____

Physician Name: _____

Collection Date: _____

Requested Service/Test(s): _____

Rejection Criteria:

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Test Clarification and Add On

Patient Name:		Patient's DOB:	/	/	/
Physician Name:		Collection Date:	/	/	/

*****RETURN FAX NUMBER: 1-949-271-5736*****

Please complete, sign, and return via fax to laboratory IMMEDIATELY.

Test Clarification

Attempt 1 Date: _____ Attempt 2 Date: _____ Attempt 3 Date: _____

IMPORTANT: Check off correct test order & sign below

Ambiguous Order:		<input type="checkbox"/>
<input type="checkbox"/> Checking here indicate future orders will be processed as the selected test on the right.		<input type="checkbox"/>
		<input type="checkbox"/>
Ambiguous Order:		<input type="checkbox"/>
<input type="checkbox"/> Checking here indicate future orders will be processed as the selected test on the right.		<input type="checkbox"/>
		<input type="checkbox"/>
Ambiguous Order:		<input type="checkbox"/>
<input type="checkbox"/> Checking here indicate future orders will be processed as the selected test on the right.		<input type="checkbox"/>
		<input type="checkbox"/>

Interpretation Notice

Total Attempts Made:		Ambiguous Order:	
Attempt Type:	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Interpreted As:	

Add-On

Test(s) to Add-On:	
Date of Additional Test(s) ordered:	/ /

Authorized Provider's Signature: _____ **Date:** / /

Office staff/nurse, IHD employees, phlebotomists, and stamped signatures are not acceptable.

Internal Use Only:				
Date received:	/ /	Date requested:	/ /	Accession ID:
Person Receiving Verbal Add-On:				



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Authorization for Release of Test Reports to Patient

I, the undersigned patient, authorize MD Tox Laboratory dba of Innovative Health Diagnostic (“IHD”), to release to me the reports of testing IHD performed on specimens from me pursuant to an order(s) by my physician.

Recipient of Record
<input type="checkbox"/> This authorization covers release of the test reports to me in person <input type="checkbox"/> This authorization covers release of the test reports to me by mail at the address listed below. <input type="checkbox"/> This authorization covers release of the test reports to me by email address at the email address listed below. <input type="checkbox"/> This authorization covers release of the test reports to me by facsimile at the telephone number listed below.

I understand and agree that IHD has the right and obligation to authenticate that I am the patient, for whom this authorization has been made and that if IHD is unable to make such authentication, IHD will not disclose and is under no obligation to disclose the requested test reports. I understand and agree that by providing this authorization for the release of test reports by mail, email or facsimile, other persons, including, but not limited to, members of my family, may have access to my test reports.

If I have any questions regarding test reports that have been released to me, I understand that my questions should be referred to my Physician.

I hereby release IHD and its directors, officers, employees and agents from all liability and all claims of any nature whatsoever pertaining to disclosure of my test results to me.

Date of Request	
Patient Name (Print)	
Address	
Email Address	
Facsimile Number	

Attach copy of designated person’s photo ID, e.g., driver’s license.

Patient Information	
Patient Name (Print)	
Date of Birth	
Date of Service	
Test Name(s)	
Ordering Physician and Address	

PLEASE FAX COMPLETED FORMS & ID TO 949-271-5736 or EMAIL cs@ihdlab.com



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AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION/MATERIALS

INSTRUCTIONS

1. This request form must be used when requesting cytology and histology slides and/or paraffin blocks.
2. Complete this form in its entirety and forward via email to cs@ihdlab.com

IDENTIFYING INFORMATION

Patient Full Name (Last, First): _____

Patient Date of Birth: _____

Patient Address: _____

Patient Contact Number: _____

Date of Service and sample type: _____

RELEASE INFORMATION/MATERIALS TO (requesting physician, hospital, or institution):

Requesting Physician: _____

Attention (if different to above): _____

Organization Name: _____

Address: _____

Phone Number: _____

Slides needed by (date): _____

Please check specific information to be released:

<input type="checkbox"/> Pathology Tissue Exam Reports	<input type="checkbox"/> Tissue Slides & Pathology Tissue Exam Reports
<input type="checkbox"/> Other (Please Specify):	

AUTHORIZATION: Permission is hereby granted to INNOVATIVE HEALTH DIAGNOSTICS to release medical information to the individual/organization as identified above. I certify that I am the individual authorized to sign this form and understand that the knowing and willful request for or acquisition of a record (or materials with patient's identification) pertaining to an individual under false pretenses is criminal offense under the Privacy Act (Title 45, Part 5b) subject to a \$5,000 fine.

(Note: Submission of this form authorizes the release of the information specified within one year from date of signature)

Patient/Authorized Signature	Print Name	Date

If other than patient, specify relationship:



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Supply Order Form

Please Fax the Supply Order Form to 1-949-861-6143
For Online Orders, Please Visit: <https://www.ihdlab.com/supply-order>

Specimen Tubes	QTY
8.5mL SST/Tiger Top (100/rack)	
4mL EDTA/Lavender Top (100/rack)	
BD Vacutainer Glass Whole Blood Yellow (100/rack)	
BD Vacutainer Plus Plastic Fluoride Blood Collection	
Red Top Serum Tubes	
Sodium Citrate Light Blue Top	
Sodium Heparin tube	
Lithium Heparin Blood Collection Tube	
Urine	QTY
BD Vacutainer Urinalysis Preservative Plus Urine (Pack of 100)	
Hologic Aptima Urine Tube w/Pipette (50/box, 1 per order)	
C&S Tubes w/Transfer Straw	
Urine Cup w/out Temperature Strip	
Obstetrical Towelettes	
Cytology/Biopsy	QTY
Wallach's Papette Cervical Cell Collector Brush (25/pack)	
Cervex-Brush	
SurePath 10 mL	
Thin Prep (25/rack)	
10% Neutral Buffered Formalin: <input type="checkbox"/> 40 mL filled <input type="checkbox"/> 20 mL filled	
Swabs	QTY
Starswab Specimen Collection Swab	
Aptima Multitest Collection Swab (50/box)	
Copan Diagnostics Specimen Collection Kit (ESwab)	

Venipuncture/Tourniquet/Bandages	QTY
Blood Collection Needle: <input type="checkbox"/> 22G <input type="checkbox"/> 21G	
23G BD Butterfly Needles	
Tourniquets (Non-Latex, Bundle)	
Needle Holder, Universal	
Cohesive Bandages, Non-sterile (6 Rolls/2 per order)	
Adhesive Plastic Bandage, Non-Latex	
Alcohol Prep Pad, Sterile	
Cotton Ball, Non-Sterile	
Gauze Sponge, 2" x 2", 8-Ply	
Surgical Tape	
Glucose	QTY
Glucose Tolerance Lemon Lime: <input type="checkbox"/> 100gm <input type="checkbox"/> 75gm <input type="checkbox"/> 50gm	
Glucose Tolerance Fruit Punch: <input type="checkbox"/> 100gm <input type="checkbox"/> 50gm	
Covid Testing Supplies	
Covid-19 Nasal Viral Test Collection Kit (100 Swabs, 100 - 10mL vial, 100 biohazard bags)	
Barcode Labels (For Covid testing only)	
Other	QTY
STAT specimen bags	
Specimen Bags - 6" x 9"	
Specimen Bags - 12" x 15"	
Ice Pack	
FedEx Return Labels	
FedEX Shipping Kit	
General Requisition Form (Single Sheet)	
Clinic Specific/Customized Requisition Form <input type="checkbox"/> Single <input type="checkbox"/> Double Sheet	
FDA/DOMESTIC Kits	QTY
FDA Donor Test Kit	
LOCKBOX	QTY
IHD Specimen Lockbox with IHD Sticker	

Please Complete the Following Information:

Client Name:	
Shipping Address:	
Phone Number:	
Date of Request:	

Thank you for your order.

- ❖ Please allow 48-72 hours to process all supply orders.
- ❖ Please allow up to 5 days to process all Customized Requisition Forms.



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Patient Demographic Change Form

Please fill out the form below and fax back to us at 949-271-5736.

Client Name:	Requested By:
Date of Request:	Requestor's Fax #:

	Current Demographics (From)	Changed Demographics (To)
Patient Name		
Patient Date of Birth		
Gender		
Patient Address		
Insurance Information		
Collection Date/Time		
Patient ID		
Specimen Source		
Ordering Acct. #		
Referring Physician		
Other		

Physician/Authorized Signature	Title	Date

===== IHD Internal Use Only =====

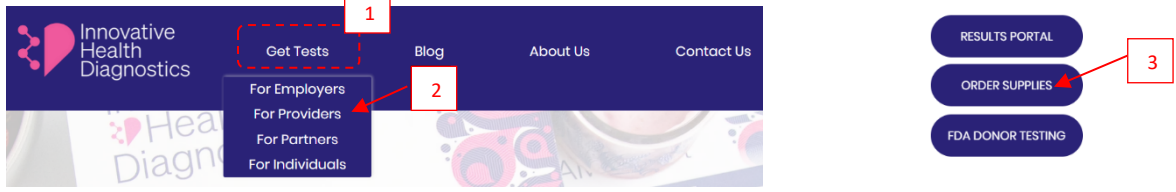
Request Completed by	Date	Time



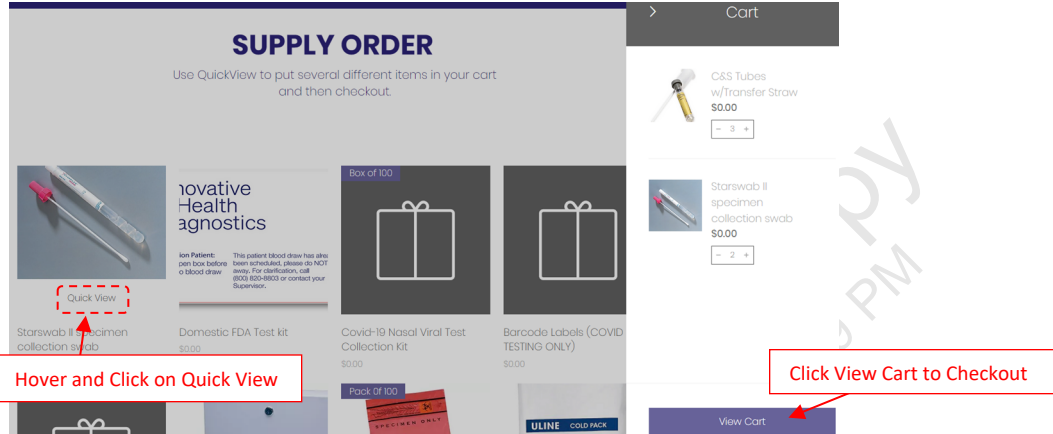
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INSTRUCTION FOR ORDERING SUPPLIES ON IHD WEBSITE

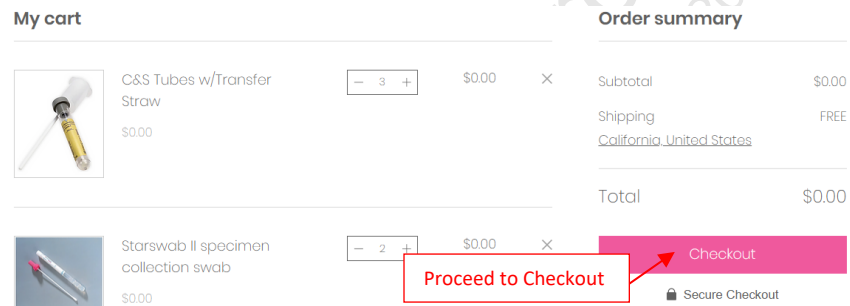
- Go to <https://www.ihdlab.com/> OR visit the direct link <https://www.support.ihdlab.com/supply-order>
- Click on **Get Tests** then select **For Providers**.
- Click on **Order Supplies**.



- Note: The direct link will take you to the Supply Order screen.*
To add different items in your cart, hover over the item and click **Quick View**.



- Proceed to the **Checkout** Screen.



- Fill in the following **Shipping Details** needed to complete your order.
- Use the section below to provide your **Account Number (required)** and any special instructions.

*Account number + Comments (must include account NUMBER NOT NAME)

- Continue to **Delivery Method** then **Review and Place Order**.
- An email confirmation will be sent with your Order number.

