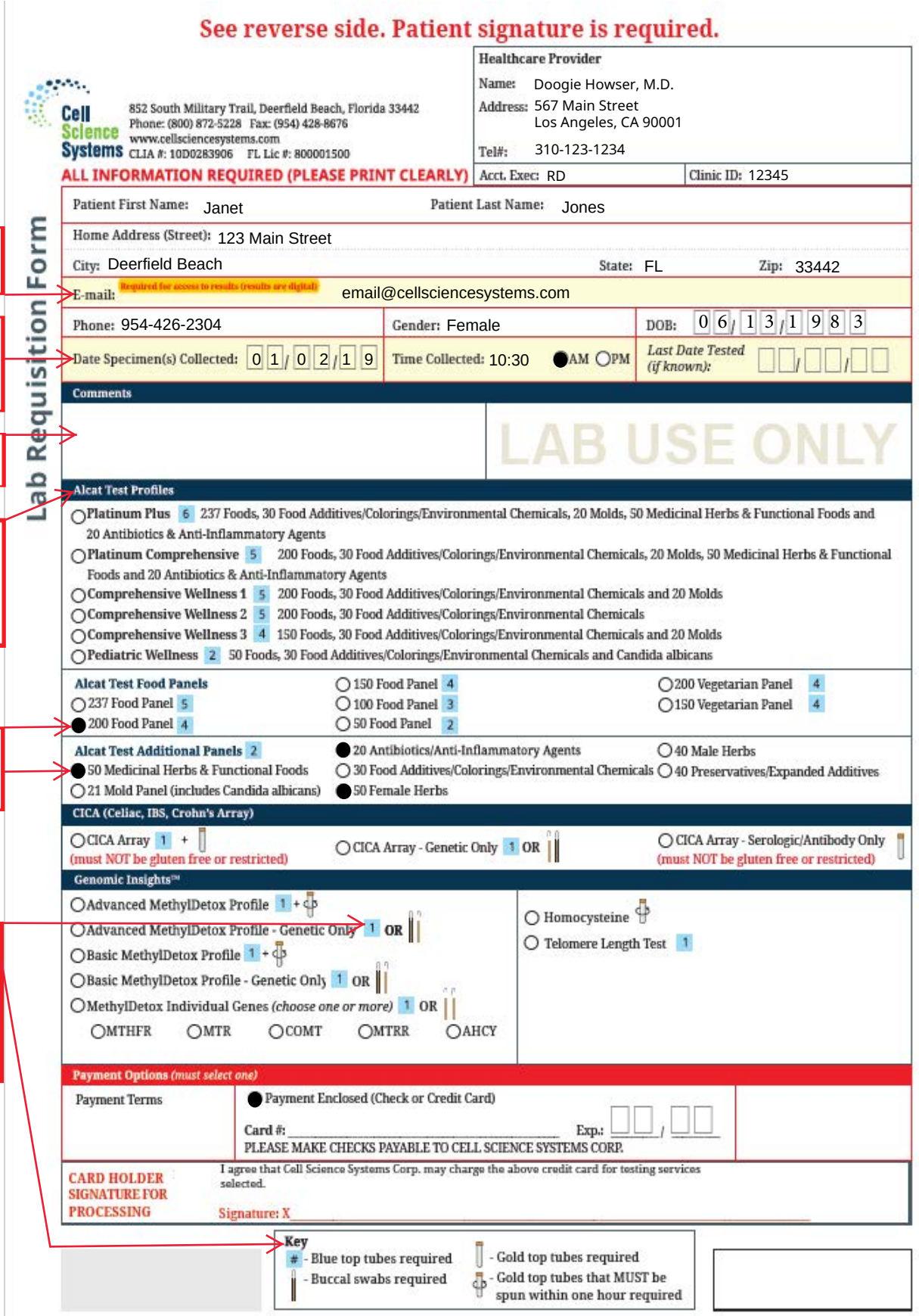
New requisition form introduction and tutorial

1. An email address is now required for access to results. Results are now digital.
2. Reminder: Date Specimen(s) Collected, Time Collected, and Patient DOB are ALL REQUIRED.
3. Medications are no longer necessary to list.
4. The most frequently requested combinations are listed under "Alcat Test Profiles." All other profiles will need to be ordered by selecting the individual components.
5. When making selections, please fill in each circle
   YES ● NO ⊘
6. The number of vials required for a particular panel is color-coded and listed next to each test panel.
   If buccal swabs are acceptable, this is also noted. There is a key at the bottom of the page.



See reverse side. Patient signature is required.

Cell Science Systems
852 South Military Trail, Deerfield Beach, Florida 33442
Phone: (800) 872-5228 Fax: (954) 428-8676
www.cellsciencesystems.com
CLIA #: 10D0283906 FL Lic #: 800001500

Healthcare Provider
Name: Doogie Howser, M.D.
Address: 567 Main Street
Los Angeles, CA 90001
Tel#: 310-123-1234

ALL INFORMATION REQUIRED (PLEASE PRINT CLEARLY)
Acct. Exec: RD | Clinic ID: 12345

Lab Requisition Form

Patient First Name: Janet | Patient Last Name: Jones
Home Address (Street): 123 Main Street
City: Deerfield Beach | State: FL | Zip: 33442
E-mail: (Required for access to results (results are digital)) email@cellsciencesystems.com
Phone: 954-426-2304 | Gender: Female | DOB: 06/13/1983
Date Specimen(s) Collected: 01/02/19 | Time Collected: 10:30 ●AM ○PM | Last Date Tested (if known): __/__/__

Comments

LAB USE ONLY

Alcat Test Profiles

- ○ Platinum Plus 6 — 237 Foods, 30 Food Additives/Colorings/Environmental Chemicals, 20 Molds, 50 Medicinal Herbs & Functional Foods and 20 Antibiotics & Anti-Inflammatory Agents
- ○ Platinum Comprehensive 5 — 200 Foods, 30 Food Additives/Colorings/Environmental Chemicals, 20 Molds, 50 Medicinal Herbs & Functional Foods and 20 Antibiotics & Anti-Inflammatory Agents
- ○ Comprehensive Wellness 1 5 — 200 Foods, 30 Food Additives/Colorings/Environmental Chemicals and 20 Molds
- ○ Comprehensive Wellness 2 5 — 200 Foods, 30 Food Additives/Colorings/Environmental Chemicals
- ○ Comprehensive Wellness 3 4 — 150 Foods, 30 Food Additives/Colorings/Environmental Chemicals and 20 Molds
- ○ Pediatric Wellness 2 — 50 Foods, 30 Food Additives/Colorings/Environmental Chemicals and Candida albicans

Alcat Test Food Panels

○ 237 Food Panel 5	○ 150 Food Panel 4	○ 200 Vegetarian Panel 4
● 200 Food Panel 4	○ 100 Food Panel 3	○ 150 Vegetarian Panel 4
	○ 50 Food Panel 2	

Alcat Test Additional Panels 2

● 50 Medicinal Herbs & Functional Foods	● 20 Antibiotics/Anti-Inflammatory Agents	○ 40 Male Herbs
○ 21 Mold Panel (includes Candida albicans)	○ 30 Food Additives/Colorings/Environmental Chemicals	○ 40 Preservatives/Expanded Additives
	● 50 Female Herbs	

CICA (Celiac, IBS, Crohn's Array)

- ○ CICA Array 1 + (must NOT be gluten free or restricted)
- ○ CICA Array - Genetic Only 1 OR
- ○ CICA Array - Serologic/Antibody Only (must NOT be gluten free or restricted)

Genomic Insights™

- ○ Advanced MethylDetox Profile 1 +
- ○ Advanced MethylDetox Profile - Genetic Only 1 OR
- ○ Basic MethylDetox Profile 1 +
- ○ Basic MethylDetox Profile - Genetic Only 1 OR
- ○ MethylDetox Individual Genes *(choose one or more)* 1 OR
  ○ MTHFR ○ MTR ○ COMT ○ MTRR ○ AHCY
- ○ Homocysteine
- ○ Telomere Length Test 1

Payment Options *(must select one)*

Payment Terms
● Payment Enclosed (Check or Credit Card)
Card #: _____ Exp.: __/__
PLEASE MAKE CHECKS PAYABLE TO CELL SCIENCE SYSTEMS CORP.

CARD HOLDER SIGNATURE FOR PROCESSING
I agree that Cell Science Systems Corp. may charge the above credit card for testing services selected.
Signature: X

Key
- Blue top tubes required
- Buccal swabs required
- Gold top tubes required
- Gold top tubes that MUST be spun within one hour required

Questions? Contact your Cell Science Systems account representative at 1-800-872-5228

New requisition form introduction and tutorial

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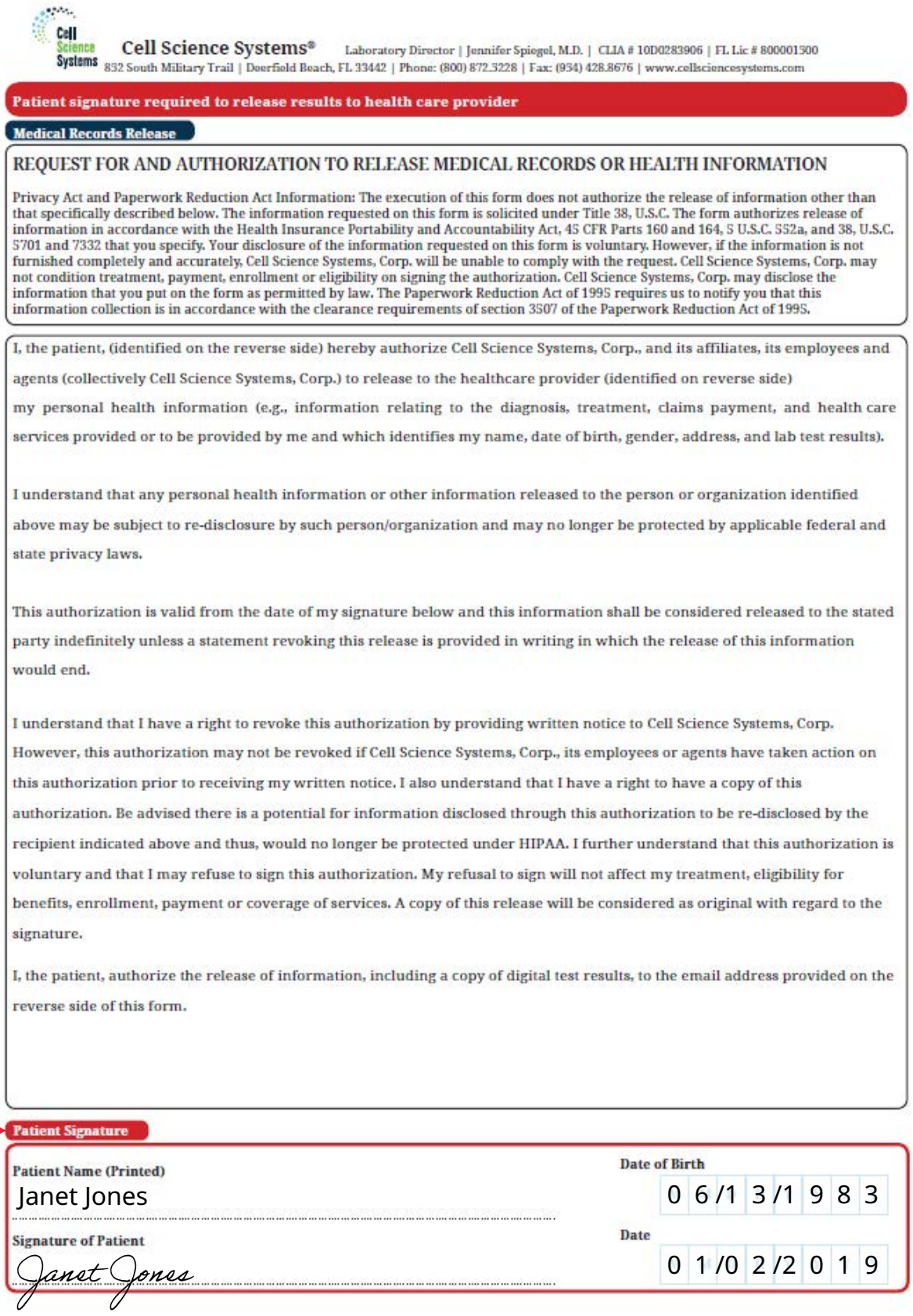
Insurance information has been removed from the back page.
To learn more about insurance billing with Cell Science Systems, please go here.



Cell Science Systems®
Laboratory Director | Jennifer Spiegel, M.D. | CLIA # 10D0283906 | FL Lic # 800001500
832 South Military Trail | Deerfield Beach, FL 33442 | Phone: (800) 872.3228 | Fax: (934) 428.8676 | www.cellsciencesystems.com

Patient signature required to release results to health care provider

Medical Records Release

REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION

Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38, U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information is not furnished completely and accurately, Cell Science Systems, Corp. will be unable to comply with the request. Cell Science Systems, Corp. may not condition treatment, payment, enrollment or eligibility on signing the authorization. Cell Science Systems, Corp. may disclose the information that you put on the form as permitted by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995.

I, the patient, (identified on the reverse side) hereby authorize Cell Science Systems, Corp., and its affiliates, its employees and agents (collectively Cell Science Systems, Corp.) to release to the healthcare provider (identified on reverse side) my personal health information (e.g., information relating to the diagnosis, treatment, claims payment, and health care services provided or to be provided by me and which identifies my name, date of birth, gender, address, and lab test results).

I understand that any personal health information or other information released to the person or organization identified above may be subject to re-disclosure by such person/organization and may no longer be protected by applicable federal and state privacy laws.

This authorization is valid from the date of my signature below and this information shall be considered released to the stated party indefinitely unless a statement revoking this release is provided in writing in which the release of this information would end.

I understand that I have a right to revoke this authorization by providing written notice to Cell Science Systems, Corp. However, this authorization may not be revoked if Cell Science Systems, Corp., its employees or agents have taken action on this authorization prior to receiving my written notice. I also understand that I have a right to have a copy of this authorization. Be advised there is a potential for information disclosed through this authorization to be re-disclosed by the recipient indicated above and thus, would no longer be protected under HIPAA. I further understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my treatment, eligibility for benefits, enrollment, payment or coverage of services. A copy of this release will be considered as original with regard to the signature.

I, the patient, authorize the release of information, including a copy of digital test results, to the email address provided on the reverse side of this form.

Patient Signature

Patient Name (Printed) Janet Jones

Date of Birth 06/13/1983

Signature of Patient Janet Jones

Date 01/02/2019

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The following applies to healthcare providers who are NOT an MD or DO:
If the patient does not sign here, the results will be sent directly to the patient. By signing this form, the patient is authorizing Cell Science Systems to release the results to the healthcare provider who ordered the test.
To remain compliant with HIPAA regulations, the patient's printed name, signature, date of birth, and date the form is completed are REQUIRED for results to be released.
If you are an MD or DO, this signature is not required.

Questions? Contact your Cell Science Systems account representative at 1-800-872-5228