

WISH

World Integrated Systems in Health
Dr. Sandra J. Bevacqua

Blood Test Ordering Instructions

If you do not have insurance and/or will need to pay for blood tests out of pocket, please consider placing an order through our office to receive considerable savings on the cost of blood tests. We maintain an account with Life Extension which enables us to place orders for blood tests through them. You may place the order through our office or you may order direct.

To place an order for blood tests through our office please read the following instructions carefully.

1. On the **Customer Blood Test Authorization Form** – please complete **only** the lower portion of the page. Fill in your contact information, date of birth and sign where indicated. Return to our office by fax: 520-743-4252 or email: wish2@wish4life.com or mail to: WISH, 7131 N. Giaconda Way, Tucson Az 85704.
2. Call our office to discuss which tests you would like to order. 520-743-0575
3. When you receive the order for your blood tests, take it to your local [LabCorp](#) to have your blood drawn.
4. Remember to fast the night before your blood tests. No food or drink except water 10-12 hours prior to having blood drawn. Remember to stay well hydrated. Most people will have their blood drawn first thing in the morning.
5. If you are currently taking medication or supplements for thyroid or adrenal support and are testing thyroid hormones or cortisol levels, please try to have blood drawn in the afternoon (remember to fast if you are having cholesterol levels checked or are having a glucose levels checked which is part of the comprehensive metabolic panel). If you are not fasting be sure to mention it to the person drawing your blood.

When you order tests through our office, Life Extension will email your results to our office and we will forward the results to you. If you have any questions, please contact the office at 520-743-0575.

CUSTOMER BLOOD TEST AUTHORIZATION FORM (please print)

Date Submitted:

I authorize (**insert name of retailer/physician**) Sandra J Bevacqua, Ph.D
 to order the following selected blood test(s) through Life Extension/National
 Diagnostics, Inc., on my behalf.

■ TEST CODE:	■ NAME OF TEST:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

I understand that I will receive a requisition form for my blood to be drawn at any LabCorp Patient Service Facility (or a blood draw kit in lieu of the requisition forms, if applicable), and that I will receive results directly from Life Extension/National Diagnostics, Inc. Any and all contract/reference laboratories performing the tests will be fully disclosed. Any and all financial transactions will take place directly between me and the agent I have authorized to order these tests on my behalf. Purchase of these tests is based on the understanding that I am privately paying for these tests and there will be absolutely **no billing to Medicare, Medicaid or private insurance on my behalf.**

normal range of the reference laboratory. Test results outside the normal range may signal that I have a serious condition and need immediate medical attention and without the supervision of a physician there is a risk that I will ignore an abnormal test and that a treatable condition will get worse. I should see a physician if any test results are outside of the normal range, and if I do not, I assume all risks of injury that may result, and do hereby hold harmless and release, acquit, and forever discharge Life Extension Foundation Buyer's Club, Inc., Life Extension Foundation, Inc., National Diagnostics, Inc., and Dr. Pardell and his agents, employees, and representatives, for any damages or injuries that might result from the drawing, transporting or testing of my blood.

I understand that Life Extension is not responsible for providing a diagnosis or recommending treatment for any test that is outside the

<p>Please check all of the following that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I will use a LabCorp blood draw station. <input type="checkbox"/> I will not use a LabCorp facility and I require a blood draw kit. <input type="checkbox"/> I am having my blood drawn in New York, New Jersey, or Rhode Island. I require a blood draw kit so that I can get my blood drawn at any lab that draws blood (an additional local blood draw fee may be incurred). <input type="checkbox"/> I am having my blood drawn in New York, New Jersey or Rhode Island AND I am ordering a frozen blood test that requires a cooler (additional charge applies, see reverse side for instructions). <input type="checkbox"/> I authorize Life Extension to send my test results directly to my doctor who ordered the tests. 	<p>Shipping Method:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Standard shipping (via USPS First-Class Mail, no additional charge) <input type="checkbox"/> UPS Overnight (add \$16) <input type="checkbox"/> UPS 2nd Day (add \$7)
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I have read and understand the shipping instructions for frozen tests as outlined on the reverse side of this form.



Customer Name (print): *(First/Middle/Last)* _____

Customer SHIP TO Address: _____

City/State/Zip-Postal Code _____

Phone: _____ **DOB:** _____ Male Female

Customer Signature Required: _____ **Date:** _____

This form must be completed and signed in order to process this order.
 If additional tests are requested, please complete another form.

