



Dear Doctor,

Hunter Labs has designed what we feel is the premier Cardiovascular Risk Assessment, Prevention and Personalized Treatment Program, the **HunterHeart® Program**.

We are very excited to show you how you can incorporate this cutting edge program into your practice, with a simple blood test. We have designed custom panels to provide the most complete, individualized insight into genetic and metabolic bases of cardiovascular disease.

Once you have ordered your Hunter Heart panel, you will receive patient lab results on a customized, color coded report, which will give you the ability to quickly discern areas of concern. In addition a **customized treatment guide**, following recommendations from some of the nation's leading lipid experts, will accompany your patient's results.

Enclosed are sample copies of: Requisitions, test results and treatment guide. Please do not hesitate to contact us if you have any questions. We look forward to serving you.

Sincerely,

A handwritten signature in black ink that reads 'Gerald Weiss'.

Gerald Weiss, M.D., F.C.A.P.

Patient Last Name		First Name		MI	Patient ID		DOB <i>(Required)</i>	Sex M F	Social Security #
Patient Street Address				Apt. #	City	State	Zip	Home Phone ()	Alternative Phone ()
Name of Person Responsible for Payment		Street Address		Apt. #	City	State	Zip	Home Phone ()	
Bill To	<input type="radio"/> Doctor	<input type="radio"/> Patient	<input type="radio"/> Medicare	<input type="radio"/> Cash	<input type="radio"/> Credit Card	MC / Visa / AMEX		Expiration Date	
	<input type="radio"/> Insurance	<input type="radio"/> Medi-Cal (Family Pact SOFP limited testing available)		Amount \$ _____					

PLEASE ATTACH A COPY OF THE FRONT AND BACK OF PRIMARY AND SECONDARY INSURANCE CARD(S)


Primary Insurance Name	Address		City	State	Zip
Subscriber Name	Subscriber #	Group Name	Group Number	Relationship	

COLLECTION INFORMATION:

<input type="radio"/> Veni 8900	Collection Date <i>(Required)</i>	Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize Hunter Labs to release any medical information needed for claim payment purposes to Medicare, its carriers, any insurance carrier providing medical benefits to me and any health plan of which I am a member. I understand that if my insurance carrier denies payment, or applies an amount to deductible/co-payment, I am responsible for the non-contracted amount. Patient Signature: _____ <i>(Acknowledgment of tests being obtained)</i>
Tech Initials	Collection Time <i>(Required)</i> AM / PM		

CARDIOVASCULAR RISK PANELS

Please select from the following:



3885 HunterHeart
 3845 HunterHeart Metabolic
 3565 HunterHeart Follow-up

Send additional report to:

Doctor Name

Doctor Email

Fax Report: ()

Patient History Questions (Circle Answer)

Y N 1. Does the patient smoke?

Y N 2. Has the patient ever been diagnosed with hypertension?
 Y N • Is the patient currently on high blood pressure medication?

Y N 3. Has the patient ever been diagnosed with diabetes?

Y N 4. Has the patient ever been diagnosed with coronary heart disease?
 (a "heart attack", angina, positive stress test or positive coronary angiography?)

Y N 5. Has the patient ever been diagnosed with peripheral artery disease (PAD)?

Y N 6. Has the patient ever been diagnosed with an aortic aneurism?

Y N 7. Has the patient ever had a stroke, transient ischemic attack (TIA) or greater than 50% occlusion on carotid ultrasound or angiography?
 Y N • If yes, within the last year?

Y N 8. Has the patient been hospitalized for acute coronary syndrome?

Y N 9. Does the patient have a family history of heart disease?
 (father, brother, grandfather younger than 55 or mother, sister, grandmother younger than 65 who has had a heart attack or stroke?)

Y N 10. Patient's race: C (Caucasian), AA (African American), H (Hispanic), A (Asian), I (Asian-Indian) or O (other)

Y N 11. Female patients: is the patient's waist circumference < 36 inches?

Y N 12. Male patients: is the patient's waist circumference < 41 inches?

Y N 13. Patient's systolic blood pressure < 130?

Y N 14. Is patient on statin therapy?

The ICD-9 codes are listed as a convenience for ordering physicians. No physician is required to use these ICD-9 codes. Please use forth and fifth digit modifiers. If you have questions regarding using the appropriate ICD-9 codes, CPT codes and frequency limitations, please contact a Hunter Laboratories Billing representative at 408.341.8616.

Angina - 413.9 Atherosclerosis, Coronary - 414.00 Coronary Syndrome, Intermediate - 411.1 Current Cigarette Smoker - 305.1 Diabetes Type I - 250.01 Diabetes Type II - 250.02 Diabetes, unspecified - 250.00 Family History of Premature CHD - V17.3	Family History of Sudden Cardiac Death - V17.41 Heart Disease, Hypertensive - 402.____ Heart and Chronic Kidney Disease - 404.____ Heart Failure - 428.____ Hypercholesterolemia, Pure - 272.0 Hyperchylomicronemia - 272.3 Hyperglyceridemia, Pure - 272.1	Hyperlipidemia, Mixed 272.2 Hyperlipidemia, Other and Unspecified - 272.4 Hypertension, Essential (HTN) - 401.9 Hypothyroidism - 244.9 Kidney Disease, Hypertensive Chronic - 403.____ Lipid Metabolism Disorders, Other - 272.8 Lipid Metabolism Disorders, Unspecified - 272.9 Lipidoses - 272.7	Lipodystrophy - 272.6 Lipoprotein Deficiencies - 272.5 Metabolic Syndrome - 277.7 Obesity - 278.00 Obesity - 278.01 Symptoms, Other Respiratory and Chest - 786.5
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Custom Panels / Tests / Other:

*Reflex testing/ID/sensitivities performed at additional charge.

Advanced Cardiovascular Risk Assessment Panels

	HunterHeart Order Code 3880	HunterHeart Metabolic Order Code 3840A	HunterHeart Follow-up Order Code 3860A
Traditional Lipid Tests	✓	✓	✓
Advanced Risk Markers	✓	✓	✓
Genetic Tests	✓		
Apo E			
Factor V Leiden			
Baseline Metabolic Studies	✓	✓	
Specimen Requirements			
Serum (Gold Top)	2	2	2
Whole blood (Lavender Top)	1		
Blue	1	1	

Specimen Collection and Processing Directions

Serum Samples	Whole Blood
<ol style="list-style-type: none"> 1. Gently Invert 5-10 times immediately after blood draw. 2. Allow specimen to clot in an upright position for a minimum of 30 minutes. 3. Centrifuge sample for 15 minutes @ standard 3400 rpm. 4. Refrigerate samples and ship for receipt within 24 hrs of blood draw. 	<ol style="list-style-type: none"> 1. Immediately invert 5-10 times gently after blood draw. 2. Do not centrifuge.

Shipping Samples

1. Ensure tube is labeled legibly with patient first and last name.
2. Ensure tube is tightly capped.
3. Ensure patient requisition is placed in waterproof packaging and sent with samples.
4. Place samples and **frozen cold pack** into Styrofoam container.
5. Place container and requisition into express shipping lab pack. Attach express air bill or peel and stick address label.
6. Contact express shipping agent for pick up.

Note: When shipping for Saturday delivery please mark packages for Saturday Delivery and attach a Saturday Delivery Label.