Longevity™ LAB-SOLUTIONS
Where Health Gets Perfected

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Longevity Test Requisition Form

1. PATIENT INFORMATION (REQUIRED)

First Name_____ Last Name_____
DOB (mm/dd/yyyy) _____ Male Female Age_____
Address_____ ☐ ☐ _____
City_____ State_____ Zip Code _____
Phone _____ Email_____

2. ORDERING PHYSICIAN INFORMATION

First Name_____ Last Name_____
Medical Credentials_____ NPI#_____
Facility Name_____
Address_____
City_____ State_____ Zip_____
Telephone:

3. SPECIMEN INFORMATION (REQUIRED)

Date of Collection_____ **Collected By**_____

Specimen Type ☐ SST ☐ Lavender ☐ Lt. Blue ☐ Gray ☐ Yellow ☐ Green ☐ Red ☐ Buccal ☐ Saliva ☐ Urine

4. GENERAL BLOOD TESTS REQUESTED

☐ ANEMIA PANEL	☐ BASIC METABOLIC PANEL (BMP)	☐ COMPREHENSIVE METABOLIC PANEL (CMP)	☐ LIPID PANEL
☐ COMPLETE BLOOD COUNT (CBC)	☐ DIABETES MANAGEMENT	☐ DIABETES RISK TEST	☐ FERRITIN
☐ FEMALE BASIC WELLNESS	☐ FEMALE FERTILITY	☐ HEART HEALTH	☐ HORMONE PANEL
☐ IMMUNE HEALTH	☐ INFLAMMATION	☐ KIDNEY HEALTH	☐ LIVER HEALTH
☐ MALE BASIC WELLNESS	☐ MICRONUTRIENTS (MINI)	☐ PROSTATE CANCER SCREENING	☐ TESTOSTERONE BLOOD TEST
☐ THYROID HEALTH	☐ VITAMIN B12	☐ VITAMIN D 25OH	☐ VITAMIN DEFICIENCY

5. LONGEVITY TESTS REQUESTED

☐ LONGEVITY SIGNATURE BLOOD	☐ LONGEVITY SIGNATURE DNA	☐ LONGEVITY WELLNESS FEMALE	☐ LONGEVITY WELLNESS MALE	☐ LONGEVITY OXIDATIVE STRESS
☐ LONGEVITY BRAIN GLIAL	☐ LONGEVITY ALZHEIMER'S DISEASE	☐ LONGEVITY MITOCHONDRIA	☐ LONGEVITY INFLAMMATION	☐ LONGEVITY MICRONUTRIENTS
☐ LONGEVITY HORMONE	☐ LONGEVITY CANCER	☐ LONGEVITY DIABETES	☐ LONGEVITY SLEEP	☐ LONGEVITY WEIGHT LOSS

☐ LONGEVITY INDIVIDUAL TESTS: ☐ KLOTHO ☐ BDNF ☐ NAD+/NADH ☐ GSSG/GSH ☐ ATP ☐ AMYLOID BETA ☐ OTHER TESTS

6. BIO-GPS TESTS REQUESTED

☐ KYNURENINE PATHWAY	☐ TRYPTOPHAN METABOLITES	☐ TRYPTOPHAN METABOLITES & COFACTORS	☐ SLEEP EXPANDED
☐ NEUROINFLAMMATION	☐ CYTOKINE STORM	☐ SEROTONIN SYNTHESIS	☐ METHYLATION	☐ LONG COVID SYNDROME

7. INTELLIMIND TESTS REQUESTED

☐ IntelliMIND DNA MIND	☐ IntelliMIND BLOOD COMPREHENSIVE	☐ IntelliMIND METHYLATION MTHFR ☐ IntelliMIND METHYLATION DNA (3 genes) ☐ IntelliMIND METHYLATION BLOOD	☐ IntelliMIND ADHD	☐ IntelliMIND SLEEP

8. NUTRIGENOMICS TESTS REQUESTED

☐ NGX-HEALTH	☐ NGX-DIET	☐ NGX-SPORT	☐ NGX-HORMONE	☐ NGX-MIND	☐ NGS-SKIN

9. GENETICS TESTS REQUESTED

☐ APOE GENE FOR AD RISK	☐ MTHFR & COMT GENE MUTATIONS	☐ OTHER TESTS

10. PATIENT INFORMED CONSENT

By signing below, I, the patient, give permission to Longevity Lab Solutions LLC to perform laboratory testing as described. I understand the risks, benefits and limitations of testing and I voluntarily consent to testing. I understand that I am responsible for all costs of testing. I understand that testing not performed by this laboratory will be forwarded to another accredited reference laboratory. I understand and agree that my deidentified leftover specimen may be used, without information identifying me, for research, education, and other business purposes of Longevity Lab Solutions LLC. I understand and agree that this authorization and consent is voluntary. More information is available at www.LongevityLabSolutions.com. This specimen was provided voluntarily for analysis and I authorize Longevity Lab Solutions LLC to process, bill and provide results.

Patient Signature: _____ **Date:** _____