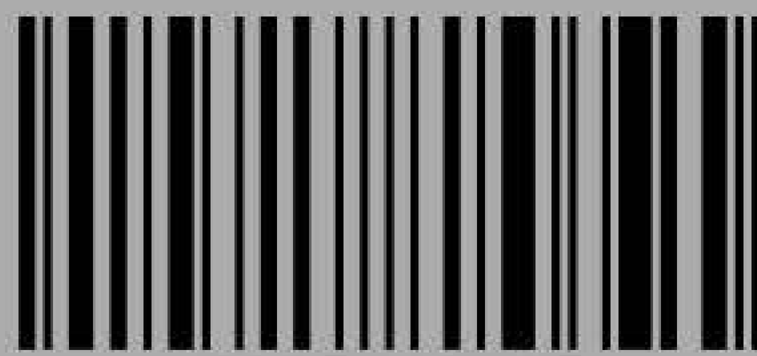
VibrantAmerica



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Complete Order Summary

PATIENT INFORMATION

First Name	
Last Name	
Gender	
Date Of Birth	
Address:	
Email Address	
Phone number	

1 Please verify that the information on here is correct. You do not need to fill in anything else.

PROVIDER INFORMATION

Electronically Signed by:

Id	
First Name, Last Name	
Practice Name	Functional Gut Store
Address:	

SAMPLE INFORMATION (REQUIRED)

Phlebotomist Name/ID & Drawing Facility*	
Date of Service*	
Fasting?*	
Hrs since last meal*	
Please fill in the following if Heavy Metals test is ordered:	
Provoking?*	
Provoking agent*	
Dosage*	

REQUIRED TUBES

Draw Order	Tube Name	Quantity	Note
1		1 see notes →	
For more specimen collection related information, please check our website at https://www.vibrant-america.com/for-physicians/.			

Kits sent to PATIENT:	

DATE OF COLLECTION

Tube Name	Date of Collection

HIPAA Document.
Laboratory Director:Mervyn Sahud, MD CLIA: 05D2078809 CLF: 00346278
Vibrant America Clinical Laboratory, 1021 Howard Avenue, Suite B, San Carlos, CA 94070. Phone: +1(866)364-0963; FAX: +1(650)805-8262; Email: support@vibrant-america.com

If you have a Vibrant Wellness test, you must also fill out the **Testing Release Form** (you can find this paper in the same place as your requisition form).

Patient Confirmation Regarding Specimen Collection Site (Testing Release Form for Vibrant Wellness Testing)

Sample Collection Date(s): ____________

Patient Name: ____________

Sample Collection Location: ____________

____

2 Fill in the sample collection information.

Patient Phone: ____________

Patient Email: ____________

Comments: ____________

3 Fill in your phone number and email.

Vibrant America Clinical Laboratory has currently obtained a permit to perform clinical laboratory testing for specimens derived in the state of New York for all testing in Clinical Chemistry, Diagnostic Immunology, Endocrinology and Hematology but not for its Vibrant Wellness Testing.

I confirm that the samples for Vibrant Wellness testing provided to Vibrant America Clinical laboratory, in my name listed above, were not collected within the boundaries of the state of New York. I acknowledge that Vibrant America Clinical laboratory will rely upon this signed statement from me as proof of that fact, and that Vibrant America Clinical Laboratory will complete the requested testing upon receipt of this signed statement consistent with its existing laboratory permits.

Patient Signature: ____________

Date Signed: ____________

4 Sign your name and date the form.