

INTERNATIONAL CYREX™ TESTING INFORMATION AND INSTRUCTIONS



Thank you for your interest in ordering Cyrex™ Arrays at theDr.com. Cyrex™ Laboratories is a state-of-the-art testing facility measuring immune reactions to environmental antigens. These tests identify intestinal permeability, reactions to gluten, and additional foods that are contributing to an inflammatory response. They also provide predictive antibody testing for 24 different body tissues, loss of immune tolerance to chemicals and blood-brain barrier permeability.

1| HOW TO ORDER YOUR CYREX™ TESTS

Cyrex™ testing can be ordered here: <http://thedr.com/products-page-2/lab-tests/>
Use the links below for more information about each Array and to place an order.

CYREX™ LABS TESTING AND PRICING

CYREX™ LABS TESTING AND PRICING		
Array 2	Intestinal Antigenic Permeability Screen™	\$370
Array 3	Wheat/Gluten Proteome Reactivity & Autoimmunity™ (Gluten Sensitivity)	\$500
Array 4	Gluten-Associated Cross-Reactive Foods and Foods Sensitivity™	\$400
Array 5	Multiple Autoimmune Reactivity Screen™ (24 Antibodies)	\$750
Array 6	Diabetes Autoimmune Reactivity Screen™	\$350
Array 7	Neurological Autoimmune Reactivity Screen™	\$450
Array 7X	Neurological Autoimmune Reactivity Screen™ Expanded	\$605
Array 8	Joint Autoimmune Reactivity Screen™	\$370
Array 10	Multiple Food Immune Reactivity Screen™	\$755
Array 11	Chemical Immune Reactivity Screen™	\$525
Array 20	Blood Brain Barrier Permeability™	\$400
Array 10c*	Order Arrays 3, 4 and 10 together Arrays 3, 4 and 10 (\$1,655)	\$1320

All Cyrex lab tests include a 15-minute interpretation of your results with Michelle Ross, Director of Clinical Services. *Array 10C includes a 45-minute consultation.

Arrays 2 and 3 are the recommended blood tests for an initial assessment and are strongly suggested as a first step. The laboratory freezes any unused blood from this initial blood draw and stores it for approximately 85 days. During this time period, you may add additional arrays only once. For example, if you start with Arrays 2 and 3, depending on your results, you can add Arrays 4, 5 and/or 10 within 85 days of the initial blood draw. You can also begin with the Array 10C special and then add on additional Arrays (e.g., Array 2 and 5) if necessary (depending your Array 10C results).

Test results are typically available 14 to 21 business days from receipt of the blood sample at Cyrex™.

Cyrex™ Laboratories tests are not reimbursed by insurance. Cyrex™ Laboratories and theDr.com are not contracted with any insurance provider.

2| IMPORTANT INFORMATION

- A. THIS IS NOT A FASTING TEST**, but please avoid deep-fried or fatty foods within 24 hours of your blood draw. Lipemia (high concentrations of emulsified fat) will cause the blood to change from a liquid to a solid and will require a new test kit and a redraw.
- B.** It is best to complete the blood draw before noon in order to comply with shipping guidelines. This will be a **BLOOD DRAW ONLY**. You will **NOT** have to collect saliva. The lab can discard the tube for saliva.
- C. Medications that may interfere with Cyrex™ test results:**
- **Immunosuppressant** and **corticosteroid drugs** can reduce antibody production and cause false negative results. Ask your pharmacist if your prescribed medications are immunosuppressant or steroid-class medications. If so, it is recommended to wait 60 days after completing the prescription for it to clear the system and allow the normal production of antibodies. This is required for accurate antibody measuring. **Do not stop these medications without instructions from your prescribing doctor.**
 - **Inhalers** can affect test results. Wait two weeks after completion of the inhalant dosage before collecting the specimen. **Do not stop these medications without instructions from your prescribing doctor.**
 - **Infections** can interfere with test results.
 - **Other prescription and OTC medications** may interfere with the results of Array 11.

3| PREPARING FOR YOUR BLOOD DRAW

One day before your test, drink 64 ounces of water throughout the day. Drink at least 16 ounces of water on the morning of the test.

What You Need to Bring to Your Blood Draw Appointment:

1. Your Cyrex™ Test Requisition Form
2. The blood draw kit

(After your blood draw, you must take your test kit and Test Requisition Form directly to a shipping facility and ship to the address provided in step 5.)

4| BLOOD DRAW

You are responsible for scheduling a blood draw and ensuring that the phlebotomist follows all directions contained in the test kit. You are also responsible for any fees associated with a blood draw.

You may request your local physician, hospital or a laboratory to draw your blood and prepare it for shipping. Directions for the blood draw, blood preparation and shipping are provided in the test kit.



Cyrex™ Laboratories contracted blood draw facilities are not available outside of the United States for orders through theDr.com. Neither Cyrex™ nor theDr.com will reimburse patients for phlebotomy fees. There are NO exceptions.

5| SHIPPING YOUR KIT BACK TO THE LAB

Please take your lab kit directly to a shipping facility like FedEx or UPS and ship your kit to:

**ACCESSIONING
(602) 759-1245
CYREX LABORATORIES
2602 S. 24TH STREET
PHOENIX, AZ 85034**

We recommend shipping overnight or 2-day air to allow for any unforeseeable issue/s with crossing country borders. **The specimen must reach the lab within seven (7) days of the blood draw. If the specimen arrives after 7 days, it will be discarded by the lab.**

Show the documents on page 5 and 6 to the shipping agent. These documents **must** be included (in a protective sleeve) on the outside of the package.

Include your name, organization (if applicable), address, and country in #3 of the *Department of Health and Human Services Public Health Services* document on page 5.

6| WHAT IS THE CANCELLATION POLICY FOR LAB TESTS?

- There is a USD \$75 processing fee for all cancelled tests.
- Shipping fees will not be refunded.
- You must cancel within 30 days of placing your order.

There is no refund after 30 days.

THEDR.COM CYREX™ INTERNATIONAL TEST ORDER AGREEMENT

Please initial next to each statement and email to: testing@thedr.com.

Name:

Date of Birth:

1. I understand that I am responsible for all phlebotomy fees.

2. I understand that I am responsible for shipping the test kit to Cyrex™ Labs and all associated fees.

3. I understand that I am responsible for taking my completed blood draw kit to a shipping facility and shipping it to:

ACCESSIONING
(602) 759-1245
CYREX LABORATORIES
2602 S. 24TH STREET
PHOENIX, AZ 85034

4. I understand that theDr.com recommends that I ship the test kit using an overnight or 2-day shipping option.

5. I understand that Cyrex™ must receive the blood within seven (7) days of the blood draw. If the kit arrives after seven (7) days, it will not be used and I will be required to do a redraw. I will be responsible to pay for a new test kit to be mailed to me. I will also be responsible for the fees associated with a redraw and shipping the new test kit to Cyrex™.

6. I understand that if my serum arrives at the lab in a solid or lipemic form, I will be required to do a redraw. I will be responsible to pay for a new test kit to be mailed to me. I will also be responsible for the fees associated with the redraw and shipping the new test kit to Cyrex™ labs.

7. I understand that if for some reason, I want a refund for any Array/s that I order, I will be refunded the Array cost minus a \$75 administrative fee for each Array. Array 10C counts as one Array. Refunds are available within 30 days of my initial order. No

refunds are available once specimen has been shipped. Shipping fees are not refundable.

Date

Client's
Signature

Guardian's Signature
(if applicable)

Guardian's Printed Name
(if applicable)

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE**


Centers for Disease Control and Prevention
Office of Health and Safety, MS A-46
Atlanta, Georgia 30333
TEL: 404-718-2077; FAX: 404-718-2093; Email: importpermit@cdc.gov



SAFER • HEALTHIER • PEOPLE

Permit to Import Infectious Biological Agents, Infectious Substances, and Vectors

In accordance with 42 CFR Section 71.54 of the Public Health Service Foreign Quarantine Regulations, cited on the bottom of this permit, permission is granted the permittee to import into any port under control of the United States, or to receive by transfer within the United States, the material described in Item 1 below.

PHS PERMIT NO.	2016-06-060	
DATES	ISSUED: Friday, June 10, 2016	EXPIRES: Saturday, June 10, 2017
1. DESCRIPTION OF MATERIAL	HUMAN BLOOD/BLOOD PRODUCTS AND BODY FLUIDS THAT MAY CONTAIN HEPATITIS A, VIRUS, HEPATITIS B VIRUS, AND HUMAN IMMUNODEFICIENCY VIRUS TYPES 1 AND 2.	
2. PERMITTEE (NAME, ORGANIZATION, ADDRESS AND CONTACT INFORMATION)	DHIREN JOSHIPURA CYREX LABORATORIES, LLC (24TH ST.) 2602 SOUTH 24TH STREET PHOENIX, AZ 85034	TEL: 602-793-5059 / 602-743-8102 FAX: 602-759-8331
3. SOURCE OF MATERIAL (NAME, ORGANIZATION, ADDRESS, COUNTRY)	WORLDWIDE	
4. TYPE OF PERMIT AND INSTRUCTIONS FOR USE	<p>As the permittee, your facility will be subject to inspection at some time in the future to confirm that the importer's biosafety measures are commensurate with the hazard posed by the items to be imported and the level of risk given its intended use.</p> <p> <input type="checkbox"/> Single Importation into the U.S. <input type="checkbox"/> Single Transfer Within the U.S. <input checked="" type="checkbox"/> Multiple Importation into the U.S. <input type="checkbox"/> Multiple Transfer Within the U.S. </p> <p>A. Record of each importation shall be maintained on permanent file by permittee. B. Enclosed label(s) must be forwarded to the shipper(s). C. One label shall be affixed to shipping container. Enclosed labels may be photocopied.</p>	
5. CONDITIONS OF ISSUANCE ITEMS APPLICABLE WHEN CHECKED	<p><input type="checkbox"/> A. Subsequent distribution, within the U.S., of the material described in this permit is prohibited without prior authorization by the Public Health Service.</p> <p><input checked="" type="checkbox"/> B. All material is for laboratory use only - Not for use in the production of biologics for humans or animals.</p> <p><input checked="" type="checkbox"/> C. All material is free of tissues, serum and plasma of domestic and wild ruminants, swine and equines.</p> <p><input type="checkbox"/> D. Additional Requirements: <input type="checkbox"/> IATA Packaged to preclude escape. <input type="checkbox"/> USDA permit may be required (Telephone: 301-851-3300).</p> <p><input checked="" type="checkbox"/> E. Work with the agent(s) described shall be restricted to areas and conditions meeting requirements in the CDC/NIH publication "Biosafety in Microbiological and Biomedical Laboratories."</p> <p><input checked="" type="checkbox"/> F. Packaging must conform to 49 CFR Sections 171-180.</p>	
	<p>6. Signature of Issuing officer</p> <p></p> <p>Daniel Sosin, MD, MPH, FACP Acting Director, Division of Select Agents and Toxins</p>	

CDC 0728 (F 13.40) REV. 4-13

42 CFR 71.54. Permit to Import Biological Agents, Infectious Substances, and Vectors

A person may not import into the United States any infectious biological agent, infectious substance, or vector unless: It is accompanied by a permit issued by the Centers for Disease Control and Prevention (CDC). The possession of a permit issued by the CDC does not satisfy permitting requirements placed on materials by the U.S. Department of Agriculture that may pose hazards to agriculture or agricultural production in addition to hazards to human health.

www.theDr.com | testing@theDr.com | (fax) 888.958.0818



IMPORTATION OR TRANSFER AUTHORIZED BY

PHS Permit No. _____

Expiration Date _____

TO:



DO NOT OPEN INTRANSIT

BIOMEDICAL MATERIALS
ETIOLOGICAL AGENTS OR VECTORS

NOTICE TO CARRIER: If inspection on arrival in U.S. reveals evidence of damage, leakage, or suspected contamination involving an infectious substance, immediately notify: DOT National Response Center 1-800-424-8802.

CDC 0.1007 3/2008



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