

13 Stop Bloodflow With Gauze



14 Place Bandage on Puncture Site



15 Let Blood Card Dry

- Allow card to dry at least 30 minutes
- No direct sunlight
- No humidity



16 Tear Open Return Bag

- Open with tear at top
- Leave existing items in bag

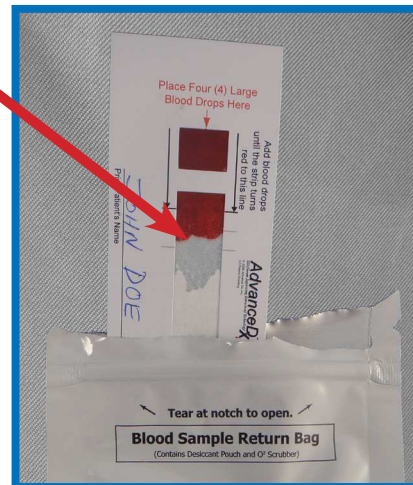


POWERED BY SUMMIT HEALTH

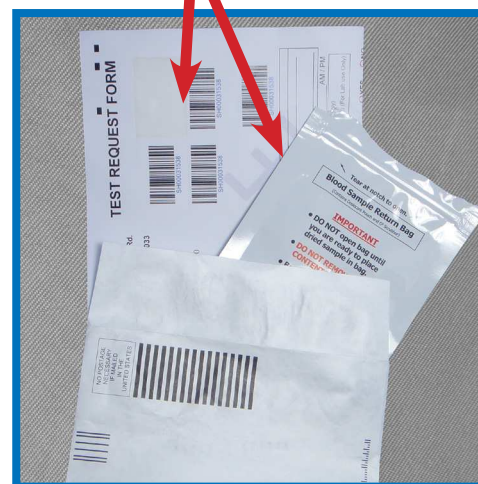
AUTHORIZATION STATEMENT: By mailing your sample, you agree to have your sample tested at a clinical laboratory. You are also authorizing the clinical laboratory to release information collected, including without limitation, your laboratory results to Summit Health. Your employer will not receive your individual information.

17 Insert Blood Card Into Return Bag

- Insert Blood Card
- Leave existing items in bag
- Seal bag



18 Insert Test Request and Return Bag into Return Mailer and Seal



19 Mail As Soon As Possible

- U.S. Mail
- Expect results mailed to you ten business days after the lab receives your completed kit



Biometric Screening Kit™ Instructions

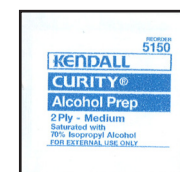
1 Please Read Before Starting Blood Collection

- The Biometric Screening Test included can only be used by the person for whom the kit was ordered. If the persons who order the kit, and complete the kit are not the same, the test will be deemed invalid. No lab results will be reported. If the Test Request Form included in this kit is pre-printed for a specific person, the test can only be used by the person indicated on the Test Request Form.
- Keep others from coming into contact with your blood.
- Only one person's blood should be applied to the Blood Collection Card.
- If you feel faint or dizzy, sit down. If you feel ill, contact your doctor.
- Keep out of reach of children.
- Summit Health has processed the doctor order necessary to use this device.
- If you do not follow these instructions you may not get results.

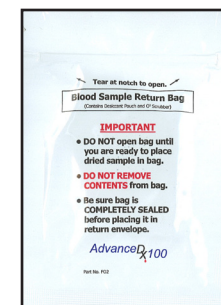
Questions? Call 1-888-240-0962 or e-mail customercare@summithealth.com

2 Place Contents on a CLEAN, DRY Surface

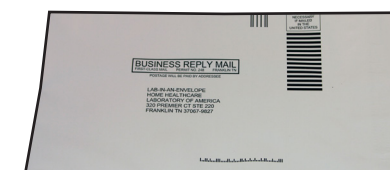
Do you have all of these items? If not, call 1-888-240-0962



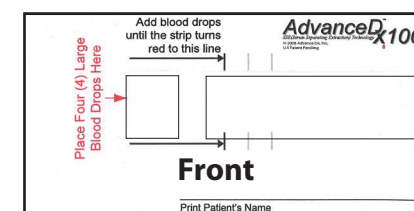
Alcohol Prep



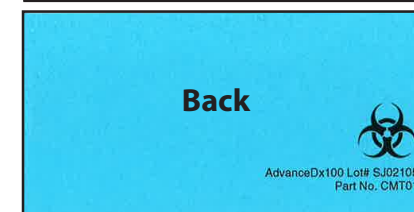
Blood Sample Return Bag



Return Mailer



Front



Back

Test Request Form



Bandage



Gauze Pad



Tape Measure



QUESTIONS CALL 1-888-240-0962

QUESTIONS CALL 1-888-240-0962

3 Fill Out Test Request Highlighted Fields

Summit Health
E0046127

Summit Health Laboratories
www.summithealth.com
Phone: (248) 799-8303 x 412
Fax: (248) 864-4101
27175 Haggerty Road
Novi MI, 48377

TEST REQUEST FORM

CLIA#: 23D2037037
CLIA#: 23D2038799

JANE DOE
27175 HAGGERTY ROAD,
NOVI MI 48377

First Name: Jane Last Name: Doe Sex: Female SSN: 1234
Street: 27175 Haggerty Road Suite: Zip: 48377 DOB: 1/1/1984
City: Novi State: MI

If any of the fields above are missing or incorrect, please complete the following:

FIRST NAME: LAST NAME: MI: PHONE: ()
STREET: CITY: STATE: ZIP: DOB:
SSN#: EMPLOYEE ID#: MEMBER ID#: GENDER: M / F

1. I have fasted - no food and only water or black coffee - for at least 9 hours? YES NO
2. (Females Only) Are you pregnant? YES NO
3. Who may we contact in the event of a panic value test result? Self (insert phone # above) NAME:

COLLECTED BY: DATE COLLECTED: MM/DD/YYYY TIME COLLECTED: AM / PM Phone: ()

Test Codes for Summit and Laboratory use only

<input type="checkbox"/> COMP	<input type="checkbox"/> TRIG-C	<input type="checkbox"/> UMAC
<input type="checkbox"/> COMP+	<input type="checkbox"/> CHOL-C	<input type="checkbox"/> MALB
<input type="checkbox"/> LPC-C	<input type="checkbox"/> GLU-C	<input type="checkbox"/> UCREA
<input type="checkbox"/> LPD-C	<input type="checkbox"/> HDL-C	
<input type="checkbox"/> HA1C-C	<input type="checkbox"/> LDLD -C	<input checked="" type="checkbox"/> OTHER:
<input type="checkbox"/> TSH-C	HTK Comprehensive Plus :	
<input type="checkbox"/> PSA-C		

FOR PROCESSING DEPT: IMPROPER FILL CLOT / NO SEP
MISSING: CARD 2 SCRB DESICCANT FOIL BAG
REC'D: 1 CARD 2 CARDS 3 CARDS UCUP 24U

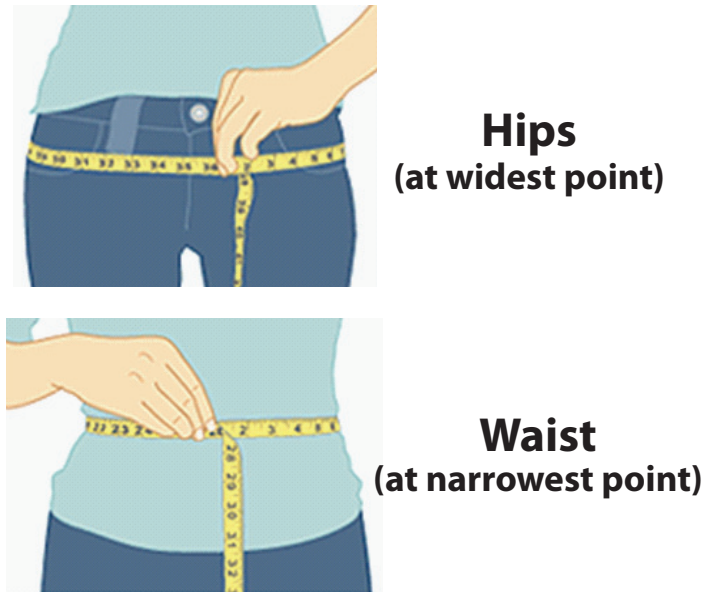
Consent for Biometric Screening Test

I understand that my participation in this Biometric Health Screening is voluntary. I understand that the information provided from the test(s) is considered to be preliminary, involving screening assessments only and is not intended as a substitute for the professional health advice and care of my physician or healthcare professional. I acknowledge that I may receive results that are considered "abnormal" as well as an explanation for these results. However, I also understand that screening tests can give false positive or negative results for a variety of reasons. The responsibility for initiating a follow-up examination to confirm the results of this screening and obtain professional medical assistance to review above, and not that of any organizational(s) associated with this screening program. If I have any questions or concerns about my results, individual health or circumstances, I will consult my physician or healthcare professional. The results from this screening assessment may vary from screenings obtained from standard reference laboratory analyses.

I release and discharge Summit Health, Inc. and their respective shareholders, parent, subsidiaries, officers, directors, employees, franchisees and licensees, together with their respective affiliates, laboratory partners, and the program sponsors, the owners/operators of this facility, my insurer, and/or administrative service provider/wellness program provider, and the respective parents), subsidiaries, affiliates, officers, managers, directors, and employees and agents of each of the above (collectively, the "Released Parties"), from any and all liability, damages, claims or causes of action that may arise from my participation in this wellness screening (including a failure of the screening to detect any particular health problem), except for such claims or causes of action on account of injury to me resulting solely from the negligent acts or omissions, or willful misconduct, of the Released Party or Parties. This release shall be binding upon my heirs, assigns, executors, administrators and representatives. I have read and understand the above information.

Participant Signature: Date:

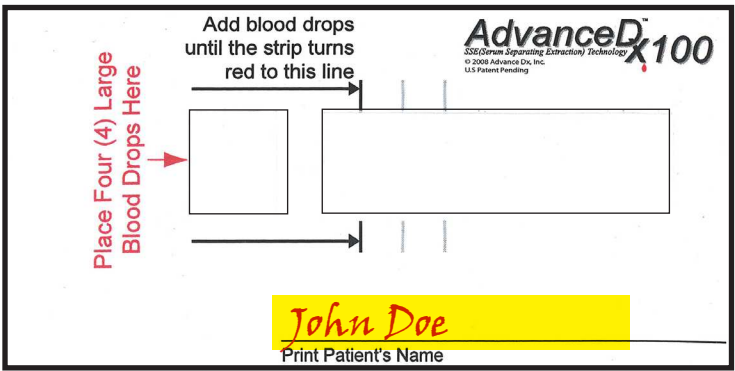
If Required Hips and Waist Measure



4 Peel Bar Code Off Test Request Form



5 Print Your Name On Card



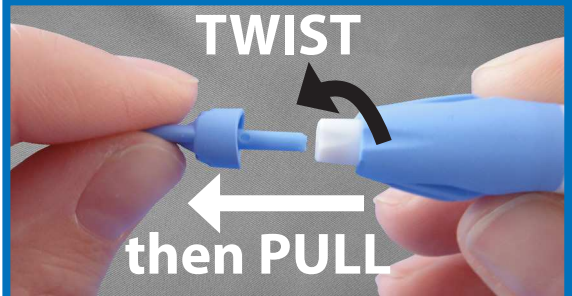
- Number 2 pencil works best

6 Wash Hands

- Use warm water and soap
- Rub hands together
- Dry hands well

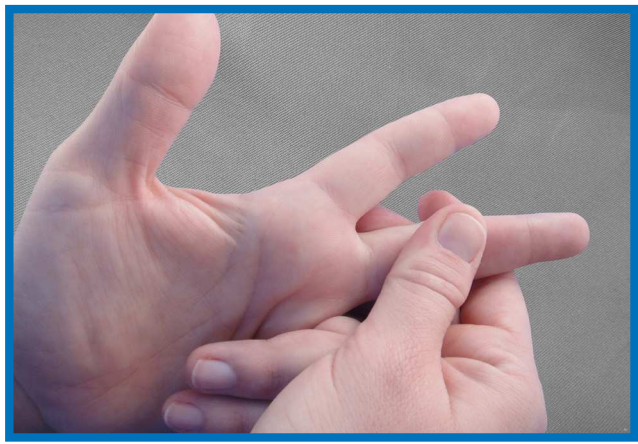


7 Remove Protective Cap



8 Choose Finger

- Choose middle or ring finger
- If calloused, use pinky
- Shake hand and massage chosen finger
- Keep hand below heart



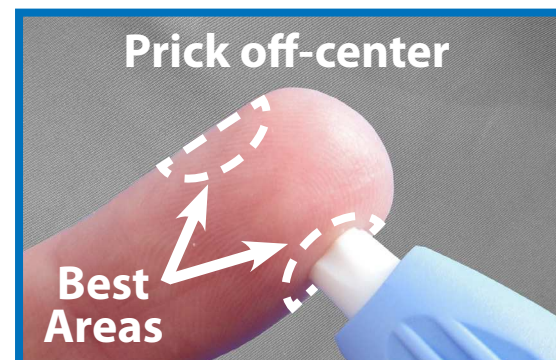
9 Clean Finger

- Tear open Alcohol Prep
- Clean chosen finger
- Dry 30 seconds



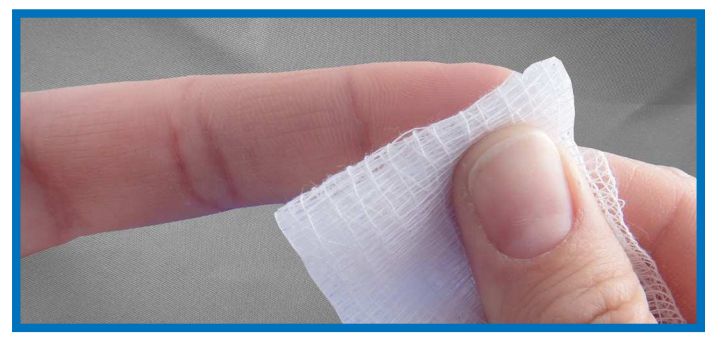
10 Prick Finger

- Only use Lancet provided
- Make sure finger is dry and warm
- Shake hand to increase blood flow
- Push hard until it "clicks"

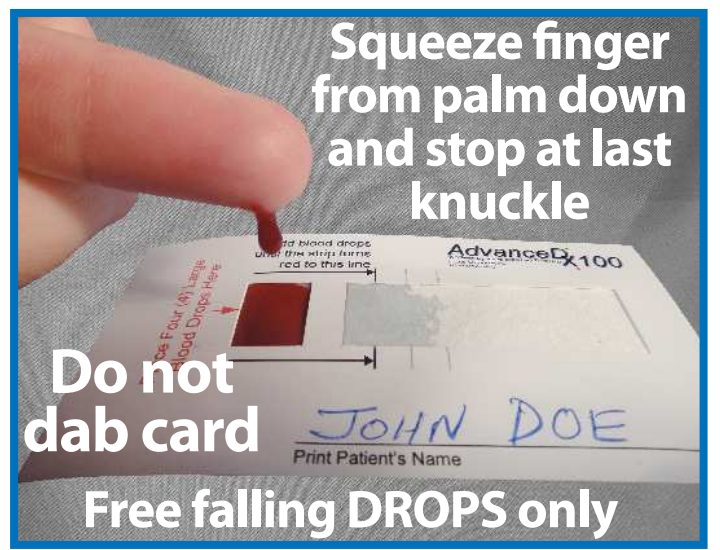


Each Lancet has a "one-time" use. Please call 1-888-240-0962 before use of second lancet.

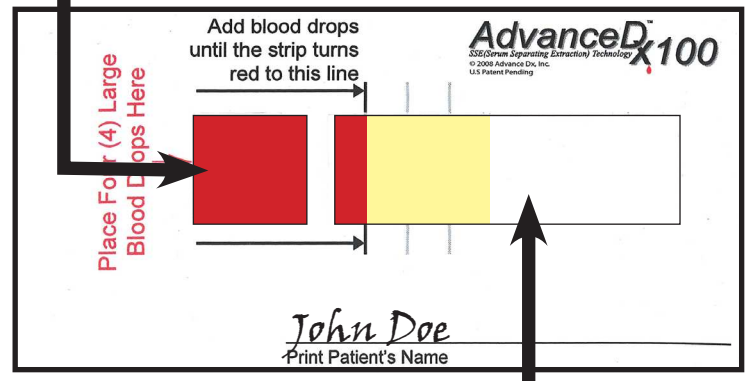
11 Wipe Off First Drop of Blood with Gauze



12 Drop Blood in Box



Keep dropping blood into 1st BOX ONLY, until red blood spreads to first line (about 4 large free-falling drops)



Do not drop blood into rectangular box