



## Individual Appointment MyHealthIQ Program Screening Protocol

### I. SCHEDULING INFORMATION

<b>Date:</b>	TBD (MUST BE COMPLETED BY 12/31/04- NO EXCEPTIONS)
<b>Time:</b>	TBD
<b>Location:</b>	
<b>Phone:</b>	
<b>Participant(s):</b>	

### II. PROGRAM OVERVIEW

MyHealthIQ is an exciting and innovative new service offered by Health IQ Diagnostics, LLC. With the MyHealthIQ screening, a comprehensive health risk assessment (HRA) is administered to participants. The HRA data collection includes a self-assessment, medical history and health status survey along with a comprehensive lifestyle blood chemistry that is collected conveniently at the participant's worksite. The results of these tests are calculated and scored to produce a confidential report and health score (IQ). The report provides participants with a thorough and easy-to-understand explanation of the blood chemistries and modifiable risk factors, along with suggestions on how to improve their score. The final score, or health IQ, notifies participants how they fair compared to the national health norms and guidelines. The participant receives the following for their participation in the program:

- An assessment of physical health, emotional health, stress, exercise, eating habits, alcohol use, safety, and readiness to improve.
- A lifestyle blood chemistry that measures total cholesterol, HDL & LDL cholesterol, triglycerides, glucose, tobacco use, GGT, BUN, creatinine, uric acid, bilirubin, SGOT, SGPT, alkaline phosphatase, total protein, albumin, globulin, calcium, and LDH.
- Biometric measurements that include height, weight, resting blood pressure, body composition, and body mass index.
- An assessment of preventative health care, medical history, cardiac risks, and cancer warning signs.
- A comprehensive 25+page report outlining their health IQ score and cardiovascular risk factors.

### III. EXAMONE SERVICE OVERVIEW

ExamOne will be providing the following services at the health screening:

- Blood draw
- Blood Pressure
- Height
- Hip & Abdomen Circumference
- Weight
- Neck Circumference

### IV. DRESS CODE & CONDUCT

- Dress code is business casual or clean, matching scrubs. No Jeans, shorts or Capri pants allowed.
- Appearance must be neat, clean, and conservative. White clean lab coats will be worn (no visible tattoos, no eyebrow/nose rings, etc.).
- Proper footwear is required. No open-toed shoes or sneakers.
- Jewelry must be kept to a minimum.
- Hair must be neat, clean, and pulled away from the face.
- Maintain the confidentiality of all participant results.
- Do not conduct personal or other ExamOne business during screening.
- Cell phones must be turned off.
- Conduct yourself in a professional manner regarding behavior at all times.

- SMOKING, food or drinks are NOT PERMITTED anywhere on or near the premises.

V. **SUPPLIES**

A. **CLIENT TO PROVIDE**

The client will provide the needed supplies, which will be shipped to the participant's location in advance.

B. **EXAMONE EXAMINER TO PROVIDE**

EACH examiner must provide the following items:

- Centrifuge (to be done off-site)
- Soft Tape Measure (for waist, hip circumference, etc)
- Lab Coat (REQUIRED during appointment)
- Scale (minimum 320 lbs)
- Blood Pressure Cuffs (normal & large), ***Automatic Equipment is not allowed***
- Separate tape measure for height

VI. **SCREENING PROCEDURES**

A. **REGISTRATION**

1. Have each participant complete the Personal Data/Consent form.
2. Please verify that all information on the Personal Data/Consent form is complete. Participants may have a HRA Scantron form for the examiner to fill out. Please fill out all information on the back page of the questionnaire, labeled "For Office Use Only". Fill in corresponding letters/numbers or the values indicated on that page. Also review the questionnaire to make sure all questions have been answered and all corresponding answers have been shaded in. **It is essential that the participant's social security number is filled in, along with the other demographic information. If participant brings the HRA Scantron form, please verify that all demographic information (including signature) is completed on the inside front cover.** If a participant does not have an HRA, verify that the form was completed online.

B. **BIOMETRIC MEASUREMENTS**

You will be completing the biometric measurements listed below and recording them onto the participants Personal Data/Consent Form and/or HRA Scantron Form where indicated.

1. **Height**  
Obtain without shoes, measuring to the nearest ¼ inch.
2. **Weight**  
Obtain without shoes. Show weight to the participant to get verification; however do not say their results out loud.
3. **Neck Circumference**  
Measure the neck inferior to the larynx with the tape measure sloping slightly downward to front to nearest ¼ inch.
4. **Waist & Hip Circumference: Women Only**  
You will obtain waist and hip circumference on women only.
  - Measure the waist circumference at level of minimal abdominal width to the nearest ¼ inch.
  - Measure the hip circumference around the hips to the nearest ¼ inch.
5. **Abdomen Circumference: Men Only**  
You will obtain abdomen circumference on men only. Measure the abdomen circumference at level of the navel to nearest ¼ inch.
6. **Blood Pressure**  
You will obtain a resting blood pressure on each participant. Repeat if above 140/90.
7. **Form Review**  
Please make sure ALL participants initial the bottom of the Personal Data/Consent form indicating they have reviewed their measurements.

C. **BLOOD DRAW**

1. Record how long the participant has been fasting where indicated on the form, even if it is 1 hour or less.
2. Perform blood draw on **all** participants, regardless if they have fasted or not.
3. Sign & Date the personal data/consent form where indicated at the bottom of the form.
4. Select a blood draw kit and remove the supplies. You will only be drawing the tiger top tube. **Discard the purple top tube!! You will not be drawing this tube.**
5. Complete the blood draw by drawing the tiger top tube only.
6. Affix bar codes to all 3 copies of the Personal Data/Consent Form in the upper right-hand corner.
7. **IMPORTANT:** Examiners are allowed two failed sticks. If still unable to complete the stick, contact your ExamOne office manager.
8. **IMPORTANT:** Review the Personal Data/Consent Form for accuracy and completeness, ensuring all requested data points have values recorded. This step is vital to ensuring that the event is successful. If any information is left blank on this form, it could result in a charge back to your office.
9. **IMPORTANT:** Provide the pink copy of the Personal/Data Form to the participant, the yellow copy will be sent with the specimens to the lab and the white copies will be mailed to Health IQ Diagnostics, LLC

## **VII. SPECIMEN PROCESSING AND SHIPPING**

### **A. LAB PROCESSING AND SHIPPING INSTRUCTIONS**

1. Centrifuge the tiger top tubes. Do not let the samples sit longer than one hour.
2. Pour serum from the tiger top tube into the red serum transfer tube, assuring that the barcodes match. **Double check the barcodes before you pour.** Place cap securely on serum pour-off tube. The cap must be **double-clicked** for the tube to be completely sealed. Check to make sure the cap is flush with the tube to avoid leaking during shipment. Discard the tiger top tube as biohazard waste.
3. Place all the red serum tubes into the Styrofoam container provided.
4. Place the Styrofoam container in lab pack plastic bag along with dry-lock absorbent pad, and zip lock it closed.
5. Place the Styrofoam bag in the shipping box.
6. Place the yellow copies of the Personal Data/Consent forms in the shipping box. Ensure that all yellow copies of the forms have a bar code affixed in the top right hand corner.
7. Secure the box with packing tape.
8. Fill out and secure the DHL shipping label that has been provided.
9. Mark the air bill for overnight delivery. If shipping on Friday, you must mark the air bill for Saturday delivery. Call courier for pickup on the same day.
10. **IMPORTANT:** Empty Tiger Top tubes are to be placed in Sharps Container and **NOT** shipped to the lab with the specimens.

## **VIII. SCREENING COMPLETION**

1. Remove ALL leftover supplies the screening site. **DO NOT SEND THEM BACK TO HEALTH IQ DIAGNOSTICS OR CRL.**
2. Properly dispose of all biohazardous waste and sharps containers OFF-SITE.
3. Send all completed forms using DHL label included in the supply kit. If label is not in the kit, send forms via DHL to:  
Health IQ Diagnostics, LLC  
117 N. Jefferson, STE 203  
Chicago, Illinois 60661  
Attn: Bill Ioannitis

## **IX. BILLING PROCEDURES**

Billing will be handled through the ExamOne office. Contact the office for information on the payment for examiner services.