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# Genova Diagnostics Intestinal Permeability Assessment

## What is the purpose of this test?

To assess small intestinal absorption and barrier function in the bowel (“leaky gut”).

## What type of test is this?

Urine.

## How do I get this test?

Once you approve your estimate, we will send an order confirmation to the Encounter History section of your Patient Portal to let you know when your test kit has been ordered. You will receive the kit in the mail five to seven business days after we order it for you. Inside the box you will find the following:

- Instructions for sample collection and how to return it to the lab.
- A requisition form.
- The lab contact information should you have any test-specific questions.

*New York state residents:* Due to lab and state regulations, we are unable to ship this kit to an address in the state of New York, and you may \*not\* list a New York return address on the requisition form or on your return shipping label. Please ensure you are shipping the completed kit from outside the state of New York. We cannot be held responsible for rejected samples should you complete and return the kits from inside the state of New York.

## Where do I find and how do I fill out the requisition order for this test?

Your test kit will come with a requisition form for you to complete and send back to the lab with your kit. Please complete the following on this form:

Since this kit is mailed directly to you, please complete the following on the “Physician - Fill Out This Side” part of the form:

- Please use a checkmark to select your clinician’s name on the top left side of the form.
- Physician Signature: on the signature line write “signature on file.”
- Billing Options: check “bill healthcare professional practitioner account.”
- Potential ICD-9/ICD-10 Codes and Conditions: do not add any information here.
- Date Final Sample Collected: fill in the date you collected your urine.



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- Put a checkmark next to the “Intestinal Permeability Assessment” test in the red box located on the top right side of this form.

Please complete the following on the “Patient - Fill Out This Side” part of the form:

- Patient Information box: fill in your information.
- Medicare Information Section: do not add any insurance information here.
- Payment Information Section: do not add any payment information here.
- Patient/Responsible Party Acknowledgement: print, date, and sign.

### **How do I prepare in terms of diet, supplements, and medications?**

- Please note that this test is not recommended for people that have had allergic reactions to foods, supplements, or medications containing sugar alcohols (such as sorbitol or xylitol), or for people with a lactulose allergy or who are on a lactose-restricted diet.
- Please discontinue aspirin, anti-inflammatory drugs, antacids containing aluminum or magnesium hydroxide, and drugs that contain sorbitol or mannitol for at least 72 hours before taking this test.
- The night before the test, begin fasting, avoiding all food and drinks for at least eight hours.

### **Is the timing of this test important?**

Make sure to freeze the ice pack for at least four hours before you take this test.

For best results, you will need to begin the test Monday through Friday to ensure the lab receives your sample with 24 hours of collection.

### **Was payment included in my invoice?**

Yes, the test was included in your invoice, so please do not add any additional payment information on the requisition form.

### **When will I see the results?**

Results are generally sent to us within one week after the lab receives the kit back from you. Your clinician will review the results and then notify you through your Patient Portal.

### **Where can I read more about this test?**

<https://www.gdx.net/product/intestinal-permeability-assessment-urine>