

Thank you for your interest in MindX Sciences Testing!

1. Usually a doctor or other clinician prescribes this testing. If you chose to order directly from us, please list your clinician's information so we can send them your testing results.
2. The **MindX One™ Blood Testing** is currently self-pay by patients. After we receive the order or prescription, you will be billed by MindX. The testing costs \$1,999 list price with one disease report. Extra disease reports are \$299 each. We also offer a comprehensive package, the [MindX One Membership](#), for \$3,999. **Notably, we offer affordable monthly payment plans through [CareCredit](#).**
3. After payment, we will FedEx the test kit to you directly. The kit is pre-labeled and pre-paid for FedEx back to the lab. We can arrange for complimentary at home mobile blood draw.
4. MindX will provide the test results to the clinician approximately 4 weeks after the blood draw. The prescriber will get the results in an easy to interpret report. As a courtesy, we will send a copy of the test results to the patient directly at that time as well. The reports provide the prescriber objective information about disease severity and future risk, as well as personalized potential medication choices and nutraceutical choices. If the prescriber needs some guidance on interpreting the results, we can arrange a complimentary 15-minute consultation with a MindX MD.
5. **SRxPrevent Digital Testing** for Suicidality Risk Evaluation and Mitigation is currently self-pay by patients at a cost of \$199 for one year of unlimited use. After we receive the order, you will be billed by MindX. The you will receive a secure link to take the testing and we will send your clinician and you a copy of the results.
6. We also recommend that patients download and use our **Life x Mind app** (two week free trial, then \$19.99/year) : <https://mindxsciences.com/lifexmind/>. Patients can comprehensively self-assess using the app (10-20 minutes). They can also use it on the morning of the blood draw, and email the results to MindX. Alternately, there are self-assessments in a paper form in the kit we send to the patient, they can be filled and mailed with the blood samples. That data can be shared with their doctors. It may also be used by MindX, with patient informed consent, for research purposes ,in an anonymous way.

We look forward to working with your clinician(s) and you to help you Live. Happier. Longer. For any questions, contact us directly by phone (317-220-8590) or by email (info@mindxsciences.com).

Here is a list of our peer-reviewed publications:

<https://mindxsciences.com/publications/>

And here is information about the 7 blood tests we are currently offering:

<https://mindxsciences.com/bloodtests/>

Order Form



Phone: 317-220-8590 | Fax: 317-663-2177 | Email: info@mindxsciences.com

Please complete and return by fax or email.

Patient Information (* required)

Last Name*	First Name, MI*
Gender*	DOB*
Address*	Apt.
City, State*	Zip*
Phone*	Email*

Clinician Information (*required):

Clinician Name*	
NPI	
Clinician Email	Office Contact Name
Office/Hospital Name	Address
City*	State Zip
Phone*	Fax

After we invoice you, we will send you the MindX Blood Testing kit, pre-labeled for FedEx, and can arrange for complimentary at home blood draw if you do not have another place that draws labs for you.

Choose Report (mark with X)	Product Catalog #	Test Description	CPT Code
	2001	MindX One™ Blood Testing-Mood	0291U
	2002	MindX One™ Blood Testing-Stress	0292U
	2003	MindX One™ Blood Testing- Memory	0289U
	2004	MindX One™ Blood Testing - Longevity	0294U
	2005	MindX One™ Blood Testing - Suicidality	0293U
	2006	MindX One™ Blood Testing - Pain	0290U
	2007	MindX One™ Blood Testing -Anxiety	0437U
	2011	SRxPrevent Digital Testing for Suicidality Risk	N/A

Please fill the following table if information available:

		Yes, No, Not Sure, or write-in	Score (by MindX staff)
1	Relevant Clinical Diagnoses (write in)	Primary: Secondary:	
2	Receiving treatment for the disease?		
3	Did you score high recently on any clinical rating scale for the disease?		
4	Number of hospitalizations due to this disease (write in- if not known approximate or put Not Sure)		
5	Number of ER visits for this disease (write in- if not known approximate or put Not Sure)		
6	Are you usually appropriately dressed and have good hygiene?		
7	Do you have a cognitive disease? (schizophrenia, schizoaffective, dementia, ADHD, ASD)?		
8	Active addictions?		
9	On disability for the disease?		
10	In assisted living and/or have somebody manage finances?		