

# WELCOME TO BOSTON HEART



**Onboarding for the New Boston Heart User**



# How to build a meaningful panel

**Family Medical History**

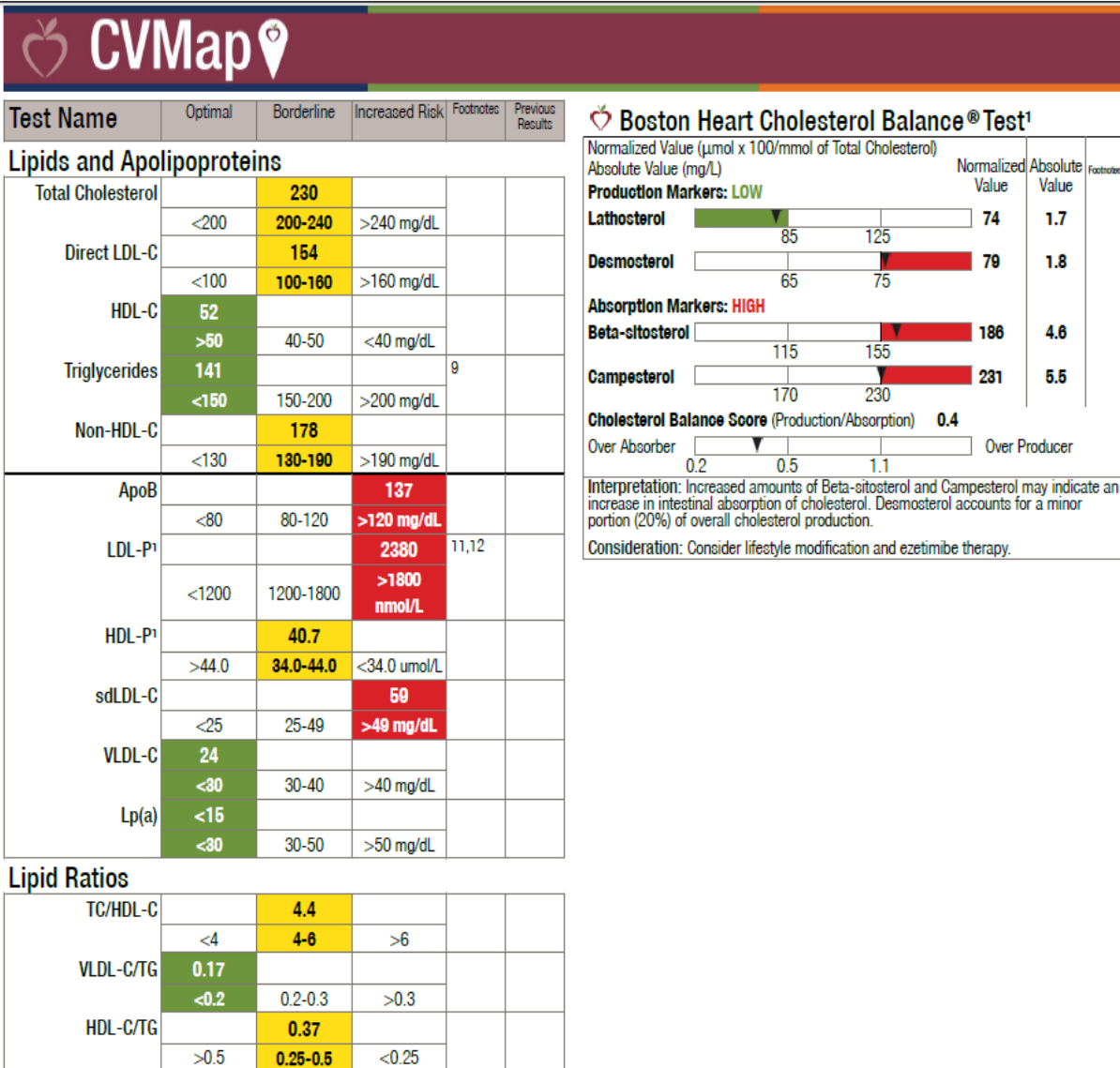
**Personal Medical History**

**Review of Systems**

**Physical Exam Findings**

**Past labs and other testing**

**Insurance Billing or Cash**



Includes:

\*Basic Lipid Panel

\*Advanced Markers

- ApoB
- LDL-P
- HDL-P
- sd-LDL-C
- VLDL-C
- Lp(a)

\*Cholesterol Balance Test

# Building a panel

Test Name	Optimal	Borderline	Increased Risk	Footnotes	Previous Results
<b>Inflammation and Oxidation Tests</b>					
hs-CRP		<b>1.2</b>			
	<1.0	<b>1.0-3.0</b>	>3.0 mg/L		
LpPLA <sub>2</sub> Activity		<b>214</b>			
	<180	<b>180-224</b>	≥225 nmol/min/mL		
OxLDL		<b>1.40</b>		12	
	1.30	<b>1.30-1.60</b>	>1.60 mg/dL		

**Interpretation:** Current studies reveal increased risk of stroke when both LpPLA<sub>2</sub> and hs-CRP are elevated. Elevated LpPLA<sub>2</sub> and hs-CRP may indicate arterial wall inflammation, plaque instability and reduced endothelial function. BORDERLINE hs-CRP may indicate inflammation and may be associated with increased CVD risk. BORDERLINE LpPLA<sub>2</sub> may indicate vascular inflammation, plaque instability and may be associated with increased CVD risk.

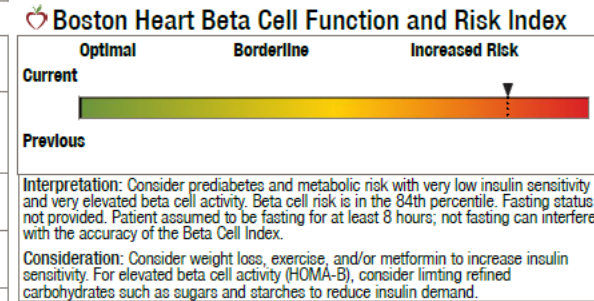
**Consideration:** Consider evaluating potential contributing CVD risk factors. Identify and treat underlying causes such as atherogenic lipoproteins and metabolic markers. If indicated, control blood pressure, encourage smoking cessation and weight reduction.

Test Name	Optimal	Borderline	Increased Risk	Footnotes	Previous Results
<b>Metabolic Tests</b>					
HbA1c	<b>5.6</b>				
	<5.7	5.7-6.4	>6.4 %		
Glucose <sup>2</sup>		<b>110</b>		9	
	70-99	<b>100-125</b>	<70 or >125 mg/dL		
Insulin <sup>3</sup>			<b>30</b>	9,10	
	<10	10-15	<b>&gt;15 µU/mL</b>		
HOMA-IR			<b>8.1</b>	12	
	<2	2-3	<b>&gt;3</b>		
HOMA-S			<b>12.3</b>	9	
	>50.0	33.3-50.0	<b>&lt;33.3</b>		
HOMA-B			<b>230</b>	9	
			<b>%</b>		

**Interpretation:** BORDERLINE glucose indicates prediabetes as established by the ADA. Prediabetes is a major risk factor for metabolic syndrome and has been associated with increased risk of developing diabetes, hyperlipidemia, hypertension and CVD. Based on the HbA1c value, the estimated Average Glucose (eAG) is 114 mg/dL which includes the non-fasting state.

**Consideration:** Consider encouraging dietary modification supported by education and consider glucose lowering and/or insulin sensitizing medications. If indicated encourage weight reduction, smoking cessation, increased activity and control blood pressure.

Test Name	Optimal	Borderline	Increased Risk	Footnotes	Previous Results
<b>NMR Lipid Tests</b>					
Small LDL-P <sup>1</sup>			<b>&gt;1324</b>		
	<450	450-950	<b>&gt;950 nmol/L</b>		
Large HDL-P <sup>1</sup>			<b>&lt;3.0</b>		
	>11.1	4.8-11.1	<b>&lt;4.8 umol/L</b>		
Large VLDL-P <sup>1</sup>		<b>3.0</b>			
	<2.0	<b>2.0-4.7</b>	>4.7 nmol/L		



\*NMR Lipid Tests  
Particle Sizes

\*Inflammation and Oxidation Tests  
Systemic  
Vascular

\*Metabolic Testing  
A1C  
Glucose  
Insulin  
HOMA Scores

# Additional Testing

Test Name	Optimal	Borderline	High Risk	Notes	Previous Results 10.01.18
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## Liver Tests

AST	19				22
	<40	40-120	>120 U/L		
ALT	33				36
	<40	40-120	>120 U/L		
Alkaline Phosphatase	38				41
	<130	130-200	>200 U/L		

## Muscle Tests

Creatine Kinase (CK)	165				184
	<200	200-1000	>1000 U/L		
NT-proBNP	24				28
	<125	125-450	>450 pg/mL		

## Kidney Tests

eGFR/ Non-African American	105				114
	>60	30-60	<30 mL/min /1.73m <sup>2</sup>		
eGFR/ African American	122				102
	>60	30-60	<30 mL/min /1.73m <sup>2</sup>		
eGFR/ Cystatin C	75				76
	>60	30-60	<30 mL/min /1.73m <sup>2</sup>		
BUN/Creatinine	27.0				26.1
	≤ 40		>4		

Test Name	Low	Optimal	High	Notes	Previous Results 10.01.18
BUN		18.8			17.1
	<3.0	3.0-25.0	>25.0 mg/dL		
Creatinine		0.89			0.81
	<0.67	0.67-1.17	>1.17 mg/dL		
Cystatin C		1.10			1.10
		≤ 1.20	>1.20 mg/dL		

Test Name	Low	Optimal	High	Notes	Previous Results 10.01.18
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## Thyroid and Other Tests

TSH		0.89			1.16
	<0.27	0.27-4.2	>4.2 uIU/mL		
Total T4		7.7			8.2
	<4.5	4.5-11.7	>11.7 ug/dL		
Total T3		1.0			1.1
	<0.8	0.8-2.0	>2.0 ng/mL		
Free T3		2.8			3.2
	<2.0	2.0-4.4	>4.4 pg/mL		
Albumin		5.1			4.9
	<3.5	3.5-5.2	>5.2 g/dL		
Vitamin D, 25-OH	18				22
	<30	30-100	>100 ng/mL		

Test Name	Optimal	Borderline	High Risk	Notes	Previous Results 10.01.18
Homocysteine	7.0				8.1
	<10	10-15	>15 umol/L		
CoQ10 <sup>1</sup>			0.68		0.81
	>1.40	0.70-1.40	<0.70 mg/L		
Uric Acid		7.8			6.9
	<6	6-10	>10 mg/dL		

Additional Testing:

\*Liver

\*Muscle

\*Kidney

\*Thyroid

\*Other

Test Name	07.29.2024 (Most Recent)
<b>Lipids and Apolipoproteins</b>	
Total Cholesterol	230
Direct LDL-C	154
HDL-C	52
Triglycerides	141
Non-HDL-C	178
ApoB	137
LDL-P <sup>1</sup>	2380
HDL-P <sup>1</sup>	40.7
sdLDL-C	59
VLDL-C	24
Lp(a)	<15
<b>Lipid Ratios</b>	
TC/HDL-C	4.4
VLDL-C/TG	0.17
HDL-C/TG	0.37
<b>🍏 Boston Heart Cholesterol Balance<sup>®</sup> Test<sup>1</sup></b>	
Lathosterol	74
Desmosterol	79
Beta-sitosterol	186
Campesterol	231
<b>NMR Lipid Tests</b>	
Small LDL-P <sup>1</sup>	>1324
Large HDL-P <sup>1</sup>	<3.0
Large VLDL-P <sup>1</sup>	3.0
<b>Inflammation and Oxidation Tests</b>	
hs-CRP	1.2
LpPLA <sub>2</sub> Activity	214
OxLDL	1.40

Test Name	07.29.2024 (Most Recent)
<b>Metabolic Tests</b>	
HbA1c	5.8
Glucose <sup>2</sup>	110
Insulin <sup>2</sup>	30
HOMA-IR	8.1
HOMA-S	12.3
HOMA-B	230
<b>Chemistry Tests</b>	
Glucose <sup>2</sup>	110

## Summary Sheet

\*Past three testing results in a longitudinal format

# Treatment Consideration Summary

## Treatment Consideration Summary

The intended use of this report is to provide an aid in the physician's treatment decisions. This report is intended for a physician or other qualified health care provider. Please consult with your physician regarding any questions.

	Lifestyle and Dietary Modification	Statins	Ezetimibe	Fibrates	Glucose Lowering and/or Insulin Sensitizing Medications	Omega-3 Fatty Acids	Soluble Fiber Supplements	Bile Acid Sequestrants
<b>Lipids</b>								
LDL-C	•	•	•	•			•	•
Non-HDL-C	•	•	•	•		•		•
ApoB	•	•	•	•				•
LDL-P	•	•	•	•				•
sdLDL-C	•	•	•	•		•	•	
<b>Cholesterol Balance Test</b>								
Absorption Markers	•		•				•	
<b>Inflammation Tests</b>								
hs-CRP	•	•				•		
LpPLA <sub>2</sub> Activity	•	•	•	•		•		
<b>Metabolic Tests</b>								
HOMA-IR	•				•			
Glucose	•				•		•	•
Insulin	•				•			

## Lifestyle and Dietary Modification

Therapeutic lifestyle change is the cornerstone for reducing risk for Cardiovascular Disease (CVD) and diabetes.

The following recommendations are based on the American Heart Association's dietary and lifestyle guidelines. Consume a dietary pattern that achieves  $\leq 6\%$  of calories from saturated fat and emphasizes intake of vegetables, fruits and whole grains; includes low-fat dairy products, poultry, fatty fish, legumes, non-tropical vegetable oils and nuts; and limits intake of refined grains, sweets, sugar-sweetened beverages and red meats. Eliminate foods high in trans fat.

If indicated: control blood pressure, **reduce weight**, engage in smoking cessation and **be physically active** — work up to getting at least 30 minutes of a moderate intensity physical activity, at least 5 days per week.

- Increased amounts of sterol absorption markers indicate increased intestinal absorption of cholesterol. Decreasing dietary cholesterol as found in eggs, dairy products and meats and consuming more soluble fiber may reduce LDL-C. Sources of soluble fiber include pectin in apples and pears, psyllium, legumes and oats.
- To decrease ApoB, LDL-P, non-HDL-C, LDL-C levels it is important to reduce saturated fat intake, refined carbohydrates, sugars and eliminate trans fats.
- To lower small dense LDL-C reduce intake of simple carbohydrates and alcohol and if indicated reduce weight and increase physical activity. An elevation in small dense LDL-C is often associated with metabolic syndrome.
- To optimize glucose, insulin, HOMA-IR, and reduce risk of diabetes and CVD it is important to reduce weight and simple carbohydrate intake.



## Statins

According to studies, statins have been shown to reduce cholesterol production, increase LDL clearance and lower the risk of CVD and its progression. Statins can lower CoQ10 levels.

### Statins:

- may lower LDL-C by 30-60%; may lower non-HDL cholesterol.
- may lower ApoB; may lower LDL-P. ApoB is the primary protein on non-HDL lipoproteins and is a direct measure of the number of atherogenic lipoproteins. LDL-P is the LDL particle concentration.
- may lower small dense LDL significantly especially in patients with elevated triglycerides. According to studies, small dense LDL is believed to be more atherogenic than larger, more buoyant LDL particles.
- lowering CRP with statin therapy has been shown to lower CVD events. Elevated CRP may indicate inflammation and CVD risk.
- may lower LpPLA<sub>2</sub> up to 30% and stabilize plaque. LpPLA<sub>2</sub> is highly expressed in the necrotic core of atherosclerotic plaques and has been associated with atherosclerotic plaque instability. High levels increase risk of CVD.



# There's one for your patient!

## TEST MENU: CLINICAL PROFILES

## INDIVIDUAL TESTS AVAILABLE TO ORDER ON REVERSE SIDE

		<span>T</span> Tiger Top SST <span>P</span> Pearl Top Plasma <span>L</span> Lavender Top K <sub>2</sub> EDTA <span>●</span> Red/Yellow CAT SST <span>🍏</span> Boston Heart Exclusive Test                       * Fasting required <span>NJ</span> <span>NY</span> currently unavailable in indicated state
87300	<input type="checkbox"/> CVMap	TC, LDL-C, sdLDL-C, HDL-C, TG, ApoB, Lp(a), ChBal <span>🍏</span> , hsCRP, LpPLA2, LDL-P & HDL-P by NMR, Small LDL-P, Large HDL-P, Large VLDL-P <span>T</span> <span>●</span> * <span>NY</span> HDL-P, sLDL-P, LHDLDL-P, LVLDDL-P
87201	<input type="checkbox"/> CardioMetabolic Essential:	TC, LDL-C, HDL-C, TG, Ca, Cl, CO <sub>2</sub> , Na, K, Alb, AikPhos, ALT, AST, Tbil, BUN, Creat, TP, hsCRP, Gluc, HbA1c <span>T</span> <span>L</span>
87202	<input type="checkbox"/> CardioMetabolic Expanded:	[CardioMetabolic Essential] + ChBal <span>🍏</span> , FatBal <span>🍏</span> , apoB, Lp(a), sdLDL-C, CoQ10 <span>T</span> <span>P</span> <span>L</span> *
87203	<input type="checkbox"/> CardioMetabolic Comprehensive:	[CardioMetabolic Essential + Expanded] + HDLMap <span>🍏</span> , apoA-I, Uric, LpPLA2, OxPL, HCY, VitD <span>T</span> <span>T</span> <span>P</span> <span>L</span> *
87204	<input type="checkbox"/> CVD & Diabetes Prevention:	TC, LDL-C, HDL-C, sdLDL-C, TG, Ca, Cl, CO <sub>2</sub> , Na, K, Alb, AikPhos, ALT, AST, Tbil, BUN, Creat, TP, hsCRP, HbA1c, HOMA-IR w/ Beta Cell Function <span>🍏</span> <span>T</span> <span>L</span> * <span>NY</span> Beta Cell Function
87205	<input type="checkbox"/> CVD & Diabetes Prevention Comprehensive:	[CVD & Diabetes Prevention] + HDLMap <span>🍏</span> , ChBal <span>🍏</span> , FatBal <span>🍏</span> , apoA-I, apoB, Lp(a), Uric, LpPLA2, OxPL, ApN, GSP, HCY, VitD <span>T</span> <span>T</span> <span>P</span> <span>L</span> * <i>Suggested add-on: Haptoglobin (See Patient Pay/Client Bill section on reverse)</i>
87206	<input type="checkbox"/> Cognitive Health:	FatBal <span>🍏</span> , TC, LDL-C, HDL-C, TG, Ca, Cl, CO <sub>2</sub> , Na, K, Alb, AikPhos, ALT, AST, Tbil, BUN, Creat, TP, Gluc, B12, Folate, HCY, VitD <span>T</span> <span>P</span> * <i>Suggested add-ons: ApoE, MTHFR (See Patient Pay/Client Bill section on reverse)</i>
87207	<input type="checkbox"/> Nutrition & Health:	FatBal <span>🍏</span> , TC, LDL-C, HDL-C, TG, Ca, Cl, CO <sub>2</sub> , Na, K, Alb, AikPhos, ALT, AST, Tbil, BUN, Creat, TP, Uric, TSH, hsCRP, Gluc, HbA1c, B12, Folate, HCY, VitD, CoQ10 <span>T</span> <span>P</span> <span>L</span> *
87208	<input type="checkbox"/> Men's Health:	FatBal <span>🍏</span> , TC, LDL-C, HDL-C, Lp(a), sdLDL-C, TG, Ca, Cl, CO <sub>2</sub> , Na, K, AikPhos, ALT, AST, Tbil, BUN, Creat, TP, hsCRP, TSH, Cort, Alb, DHEAS, E2, SHBG, Test-F, Test-T, tPSA <span>T</span> <span>P</span> <span>L</span> *
87209	<input type="checkbox"/> Women's Health:	FatBal <span>🍏</span> , TC, LDL-C, HDL-C, Lp(a), sdLDL-C, TG, Ca, Cl, CO <sub>2</sub> , Na, K, AikPhos, ALT, AST, Tbil, BUN, Creat, TP, TSH, hsCRP, Gluc, Alb, Cort, DHEAS, E2, FSH, LH, Prog, SHBG, Test-T <span>T</span> <span>P</span> <span>L</span> *
802	<input type="checkbox"/> HDL Map (w/ apoA-I):	HDL particles (α-1, α-2, α-3, α-4, preβ-1) <span>🍏</span> , apoA-I <span>P</span>
509	<input type="checkbox"/> Cholesterol Balance:	Sterols (Beta-sitosterol, Campesterol, Cholestanol, Desmosterol, Lathosterol) <span>🍏</span> <span>T</span>
575	<input type="checkbox"/> Fatty Acid Balance:	Sat FA Index, Trans FA Index, EPA/AA Ratio, Unsat/Sat Ratio, Ω-3 FA Index, EPA, DHA, ALA, Mono FA Index, Ω-6 FA Index, Linoleic Acid (LA), Arach Acid (AA), Ω-3/Ω-6 Ratio <span>🍏</span> <span>P</span> *
200C	<input type="checkbox"/> Lipid Panel, Comprehensive:	TC, TG, HDL-C, LDL-C, sdLDL-C, Lp(a), ApoA-I, ApoB. Includes calculations: non-HDL-C, VLDL-C, TC/HDL-C, HDL-C/TG, VLDL-C/TG, ApoB/ApoA-I
98050	<input type="checkbox"/> LipoMap™ Test by NMR	<i>Patient Pay or Client Bill only. See reverse for components.</i> <span>🍏</span> <span>●</span> * <span>NJ</span> <span>NY</span>



“**Get to Green**” color-metrics, visuals and personalized considerations drive provider and patient education, motivation and engagement

**Diagnosis Report Jane H**

**YOUR HEART HEALTH STORY YOUR RISK OF HEART DISEASE**

Jane, you have risk of heart disease.

Here is the summary of your lab test results for each part of your heart health story.

**RISK COLOR KEY**

- Green is Good
- Yellow is Caution
- Red is Danger
- Not Available

Even if your risk falls within the “danger” or “caution” categories, your results do not necessarily mean that you will suffer a heart attack, stroke, or develop diabetes or any other illness.

**GET TO GREEN**

Your goal is to “Get to Green”—the optimal test result. Take action to improve your test results by understanding your results and your plan for well being.

**PART 1: LIPIDS**  
You are in danger because you have a high risk of forming a blockage which can lead to a heart attack or stroke.

**PART 3: METABOLISM**  
You have a 1.6 times risk of developing within 10 years increases your risk.

**Jane, caution. You are a blockage which can lead to an attack or stroke.**

You have more total cholesterol than you should, more bad cholesterol than you should, and more inflammation than you should. This can lead to blockages. You also have too much cholesterol, which puts you at higher risk. The good news is that you can reverse this risk.

**TEST TYPE** ● GOOD ● CAUTION ● DANGER

Total Cholesterol amount of good and bad	208
LDL-C bad cholesterol	134
Triglycerides fat in the bloodstream	
ApoB a part of LDL	
Non-HDL-C amount of all bad cholesterol	172
sLDL-C small bad LDL	
Lp(a) dangerous Inherited LDL	

**YOUR PLAN FOR WELL BEING LIFESTYLE ACTIONS**

**Jane, you can improve your health. Your plan for well being is based on your red and yellow results. Let’s go—“Get to Green”!**

Your plan for well being includes medications, changes which research has shown can reduce your risk of heart disease. Work with your healthcare provider to determine your plan.

**YOUR RISK SUMMARY**

- DANGER** LIPIDS You are in danger because you have a high risk of forming a blockage which can lead to a heart attack or stroke.
- CAUTION** INFLAMMATION You have inflammation that may damage your artery wall lining. This is how blockages can form.

**YOUR PLAN FOR WELL BEING**

**Jane, take action to improve your health with the Boston Heart Lifestyle Program.**

You can get all the necessary tools to help you reach your health goals.

- A personalized Life Plan that works for you because it is all about you.** Receive calorie, nutrient, weight and activity recommendations based on your test results, health history and personal goals.
- A customized food list based on your likes and dislikes.** Use this list as a guide when choosing the right foods and measuring the right serving size for you.
- A 7-day menu that puts it all together into a week’s worth of meals and snacks.** This menu is designed based on your specific menu preference, allowing you to reach your calorie and nutrient targets.
- Educational tools to help you achieve and maintain your health goals.** You have access to over a hundred healthy recipes, a food journal and additional tips and tricks you can use to reach your goals.
- Access to expert support from a Registered Dietitian to put your plan into action.** Purchase a coaching package with a registered dietitian of your choice to set realistic goals to improve your health for the long term.

# Patient Completes Questionnaire on Computer, Smartphone, Fax, Mail or Phone



## The Boston Heart Lifestyle Program

**Built on science. Personalized just for you.**

Transform your recent test results into an action plan with a **tailored lifestyle management program** at no additional cost.

Get Started At  
[mybostonheart.com](http://mybostonheart.com)

- Personalized using over 100 attributes specific to you.
- Customized food list based on your likes and dislikes.
- Nutrition and activity recommendations based on your test results, health history and personal goals.
- Omit food intolerances like gluten, dairy, and others. Use this guide to help choose the right foods and serving sizes.
- Choice of 6 customizable eating styles.
- Complete 7-day menu including snacks
- Healthy American, Vegetarian, Vegan, Mediterranean, Carb Controlled, Paleo
- Designed based on your preferences so you can enjoy your meals while improving your health.

**TO WORK FOR YOU, IT HAS TO BE ABOUT YOU.**

To learn more about the Lifestyle Program and how to get started go to [www.mybostonheart.com](http://www.mybostonheart.com)

Together, we can help you take control of your health.



**bostonheart diagnostics**

Home My Account **My Results** My Plan My Lifestyle My Coach My Journal  
My Community

home > my\_account > my questionnaire

ABOUT ME WEIGHT GOALS FOOD & MENU PREFERENCES PHYSICAL ACTIVITY SUBMIT

### About Me

This information will be used to determine both your heart disease risk and nutrition recommendations.

Why are you joining the Lifestyle Program? (select all that apply)

My healthcare provider encouraged me to make lifestyle changes  I want to lose weight

My test results are red, indicating I am at risk for heart disease  I want to feel better

I want advice from a Registered Dietitian about food and exercise  I want to take fewer medications

Other

### History of Heart Disease & Diabetes

Do you have any of the following?

Heart Disease (or heart attack, coronary artery stent/surgery, or stroke)	YES	NO
My parents or siblings had premature heart disease (before age 55 for men or 65 for women)	YES	NO
High Blood Pressure	YES	NO
Diabetes	YES	NO
Prediabetes	YES	NO
Kidney Disease	YES	NO
Smoking	YES	NO

### Meal Preferences

This information will be used to determine the total amount of healthy proteins, carbs and fats recommended in your plan. For each question, move the slider to the right or left, away from neutral, to indicate the amount of each nutrient you like in your meals.

#### How much healthy carbs do you like in your meals?

Some examples of healthy carbs are vegetables, fruits, whole grains, beans and low-fat milk or yogurt.

I like my meals to have less healthy carbs  I like my meals to have more of healthy carbs

#### How much healthy fats do you like in your meals?

Some examples of healthy fats are avocados, nuts, olives, olive and vegetable oils.

I like my meals to have less healthy fats  I like my meals to have more of healthy fats

SAVE FOR LATER



# Exclusive Life Plan Algorithm Considers Over 100 Patient Attributes



Lp(a)	Cholesterol Balance Test	$\alpha$ -1 HDL	eGFR	Age	Hypertension	Eating Strategy	Kidney Function
Inflammatory Markers	Triglycerides	LDL-P	sdLDL-C	Height/Weight	CVD	Waist Circumference	Weight Loss Intensity
ApoE Genotype	HDL-C	LDL-C	Fatty Acid Balance	Food Preferences	Diabetes/Prediabetes	Meal Nutrient Preferences	Pregnancy
TMAO	A1c	Insulin	Prediabetes Assessment	Activity Level	Family History	Statin Usage	Gender

Tests listed above are used in the algorithm that drives the creation of the Life Plan. These tests are not required, but if ordered, will provide more specific nutrition and health recommendations. Testing is based on medical necessity, for the diagnosis and/or treatment of the patients, as solely determined by the healthcare provider.



# Life Plan — Instant Lifestyle Prescription

Nearing 200,000 Life Plans To Date



## Personalized Nutrition and Life Plan for Michael Hart



This report provides you with information about your health based on your recent test results and the personal preferences that you entered. This report may not contain all of the results for the testing ordered by your healthcare provider. To obtain comprehensive laboratory results, please consult with your healthcare provider. There may be other factors not part of this nutrition and life plan that may change your risk. Talk to your healthcare provider about your test results, this nutrition and life plan, questions you may have and actions you can take to improve your health.

Testing performed and Life Plan created by Boston Heart Diagnostics.

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Getting started

# ACCOUNT RESOURCES



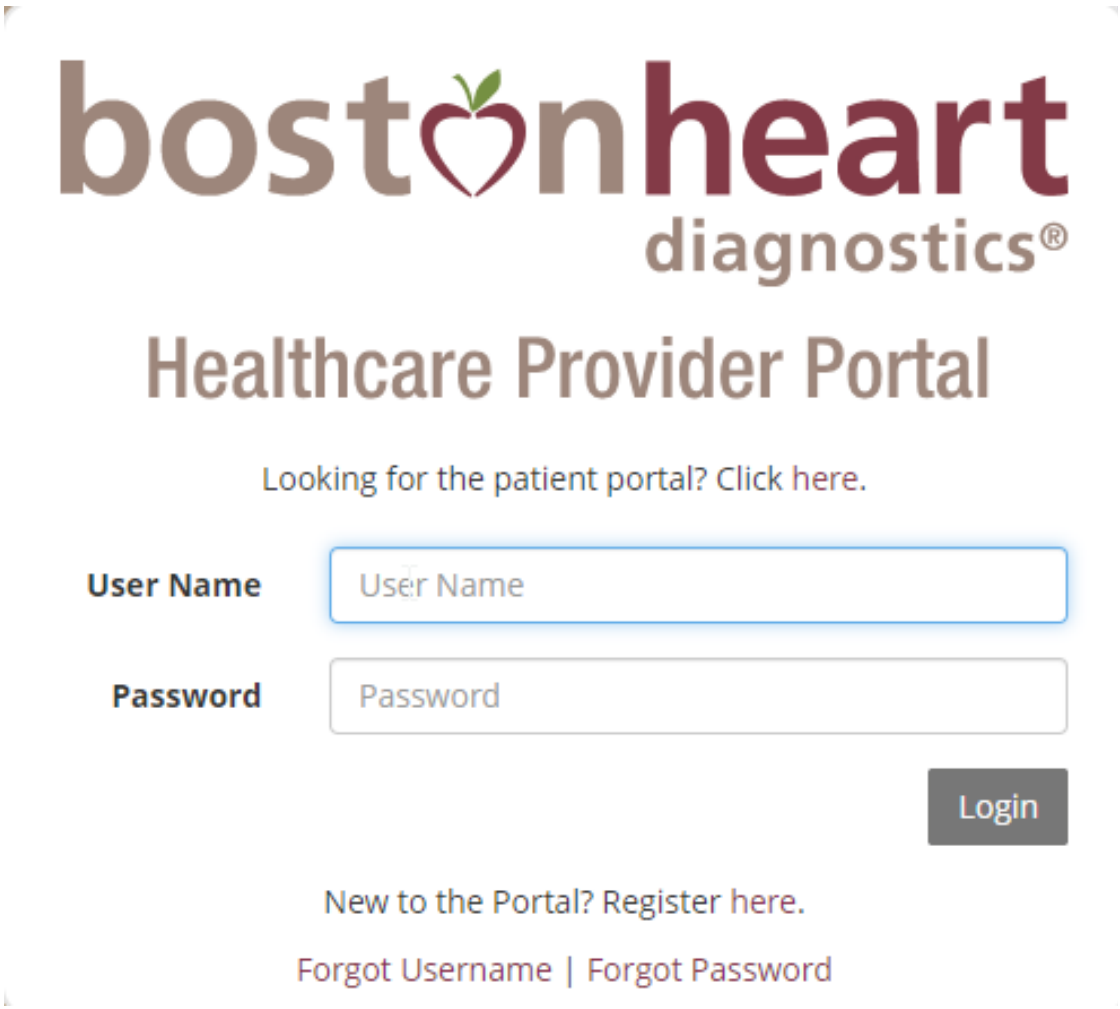


## Setting up your Portal Account

- HCP Portal link – active for 7 days
- If link has expired or you experience difficulties with setting up your portal account, contact Boston Heart Customer Care

## Portal Features

- View Laboratory Reports, Diagnostic Reports, Life Plans and Health Coach summary notes
- Access a fillable pdf of your Requisition Form
- View Educational Videos and Webinars
- Opt-in to receive email notifications when patient results are released



**Additional users may request access here:** <https://bostonheartdiagnostics.com/providers/hcp-portal-access/>

# Requisition Forms

- Required fields highlighted in yellow
- Wrong or missing information may delay results and insurance claims
- **Common Requisition Errors (TIQs)**
  - Missing ICD-10 Codes
  - Missing Insurance Information
  - Missing or Incorrect Billing Option
  - Missing or Discrepant Patient Information
  - Unclear Test Order
  - Missing Provider Information
  - Missing Specimen Collection Information
- A fillable pdf (e-req) requisition is available through your HCP Portal under **Operations Center > Requisition**.

**Completed Requisition Form MUST be included with the Patient Sample sent back to Boston Heart**

**bostonheart diagnostics®** **3<sup>RD</sup> PARTY REQUISITION** Page 1 of 2  
p) 877.425.1252 f) 508.663.5484  
bostonheartdiagnostics.com

Client #: \_\_\_\_\_

**SPECIMEN** DRAW GUIDE PROVIDED WITH KIT

Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_  
 Phlebotomist ID: \_\_\_\_\_ Fasting for at least 8 hrs? Y or N

**BILLING**

**Client Bill**  
 Guarantee: Attach copy (front & back) of card or demographic sheet

**Patient Pre-Pay**: Payment for Patient Pre-Pay testing must be received before test(s) are processed.  
 Pay by check or credit card via secure portal  
<https://patientpay.ny.bostonheart.com/prepay>

**PATIENT INFORMATION**

By submission of this requisition, I (I authorize/consent) to perform tests indicated below. (I) certify that each indicated test is reasonable/medically necessary for diagnosis/treatment of patient's current condition. (I) certify that I am in compliance with all applicable state and federal laws, (I) signed patient's written informed consent to undergo genetic tests (results should be reported to me); (I) agree to provide DNA with copy of patient's signed/dated consent upon request. (I) acknowledge that each genetic test is performed once in patient's lifetime and all test diagnosis codes are indicated to highest level of specificity.

Authorized Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: M F  
 LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_

EMAIL (specifying email results & other helpful tools): \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Systemic/Diabetic BP: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Patient History:  CVD  Family Hx of CVD  Hypertension  
 Diabetes  Parental Hx of Diabetes  Current Smoker  None of the above

Medications:  Statin  Fibrate  Ezetimibe  Niacin  PCSK9 inhibitors  
 BP Medication  Insulin  Fish Oil/Omega-3  None of the above

**ICD-10** Commonly used codes listed for convenience. Report all reasons for ordering test(s).

**TEST MENU: CLINICAL PROFILES** INDIVIDUAL TESTS AVAILABLE TO ORDER ON REVERSE SIDE

Tiger Top SST  Pearl Top Plasma  Lavender Top K<sub>2</sub>EDTA  Red/Yellow CAT SST  Boston Heart Exclusive Test  NY State approval pending, currently unavailable in indicated state

87291 **Cardiac Metabolic Essential:** TC, LDL-C, HDL-C, TG, Ca, Cl, CO<sub>2</sub>, Na, K, Ab, AMPhos, ALT, AST, Tbl, BUN, Creat, TP, hsCRP, Gluc, HbA1c

87292 **Cardiac Metabolic Expanded:** [Cardiac Metabolic Essential] + Cholesterol (apoB), Lp(a), vLDL-C, CVDI

87293 **Cardiac Metabolic Comprehensive:** [Cardiac Metabolic Essential] + Expanded + HDLMap (apoA-I, apoA-II, Lp(a), Lp(a)2, OxLDL, HDL-C, HDL-E)

87294 **CVD & Diabetes Prevention:** TC, LDL-C, HDL-C, vLDL-C, TG, Ca, Cl, CO<sub>2</sub>, Na, K, Ab, AMPhos, ALT, AST, Tbl, BUN, Creat, TP, hsCRP, HbA1c, HOMA-IR w/ Beta Cell Function

87295 **CVD & Diabetes Prevention Comprehensive:** [CVD & Diabetes Prevention] + HDLMap (apoA-I, apoA-II, Lp(a), Lp(a)2, OxLDL, HDL-C, HDL-E), GSR, HbA1c, HOMA-IR w/ Beta Cell Function

87296 **Cognitive Health:** Fatigue, TC, LDL-C, HDL-C, TG, Ca, Cl, CO<sub>2</sub>, Na, K, Ab, AMPhos, ALT, AST, Tbl, BUN, Creat, TP, Gluc, B12, Folate, HbA1c, HDL-C

87297 **Nutrition & Health:** Fatigue, TC, LDL-C, HDL-C, TG, Ca, Cl, CO<sub>2</sub>, Na, K, Ab, AMPhos, ALT, AST, Tbl, BUN, Creat, TP, Uric, hsCRP, Gluc, HbA1c, B12, Folate, HDL-C, CVDI

87298 **Men's Health:** Fatigue, TC, LDL-C, HDL-C, Lp(a), vLDL-C, TG, Ca, Cl, CO<sub>2</sub>, Na, K, Ab, AMPhos, ALT, AST, Tbl, BUN, Creat, TP, hsCRP, TSH, Cort, Ab, DHEAS, E2, SHBG, Test-F, Test-T, PSA

87299 **Women's Health:** Fatigue, TC, LDL-C, HDL-C, Lp(a), vLDL-C, TG, Ca, Cl, CO<sub>2</sub>, Na, K, Ab, AMPhos, ALT, AST, Tbl, BUN, Creat, TP, TSH, hsCRP, Gluc, Ab, Cort, DHEAS, E2, FSH, LH, Prog, SHBG, Test-T

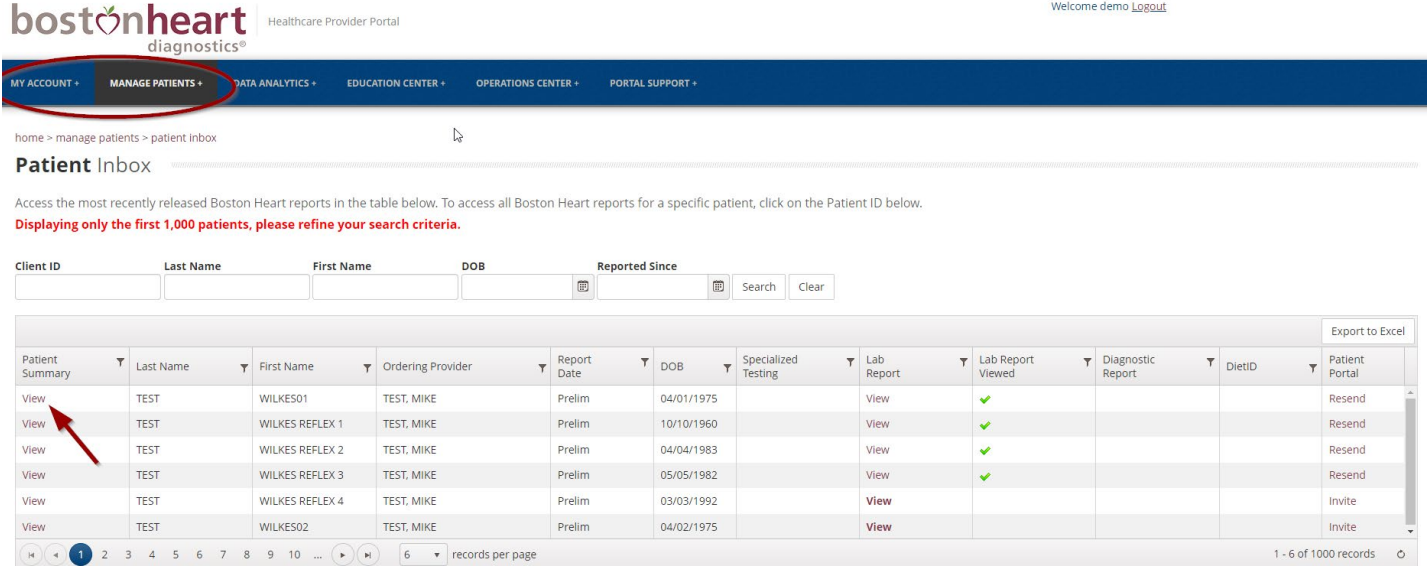
802 **HDL Map:** HDL particles (p-1, s-2, s-3, s-4, pre(1-1)), apoA-I

508 **Cholesterol Balance:** Sterols (beta-sitosterol, Campesterol, Cholesterol, Desmosterol, Lathosterol)

575 **Fatty Acid Balance:** Sat FA Index, Trans FA Index, EPA/AHA Ratio, Unsat/Sat Ratio, <math>\Omega</math>-3 FA Index, EPA, DHA, ALA, Mono FA Index, <math>\Omega</math>-6 FA Index, Linoleic Acid (LA), Arachidonic Acid (AA), <math>\Omega</math>-3/1:6 Ratio

# View Patient Results

- **Patient Inbox**
  - View the most recent laboratory reports
  - To view the inbox, click on **Manage patients > Patient Inbox**
- **All Reports**
  - To view and search all patient results click on **My Account > View Reports**
  - Search for patient results by Last Name, First Name, DOB, Accession ID, Report Date
  - Click **View** under **Patient Summary** to access patient results and reports



The screenshot shows the Boston Heart Diagnostics Healthcare Provider Portal. The navigation menu includes MY ACCOUNT, MANAGE PATIENTS (highlighted with a red circle), DATA ANALYTICS, EDUCATION CENTER, OPERATIONS CENTER, and PORTAL SUPPORT. The breadcrumb trail is home > manage patients > patient inbox. The page title is Patient Inbox. Below the title, there is a search bar with fields for Client ID, Last Name, First Name, and DOB, and a dropdown for Reported Since. A table of patient reports is displayed with columns for Patient Summary, Last Name, First Name, Ordering Provider, Report Date, DOB, Specialized Testing, Lab Report, Lab Report Viewed, Diagnostic Report, DietID, and Patient Portal. A red arrow points to the 'View' link under the 'Patient Summary' column for the first patient. The table shows 6 records per page, and the total number of records is 1 - 6 of 1000 records.

Patient Summary	Last Name	First Name	Ordering Provider	Report Date	DOB	Specialized Testing	Lab Report	Lab Report Viewed	Diagnostic Report	DietID	Patient Portal
View	TEST	WILKES01	TEST, MIKE	Prelim	04/01/1975		View				Resend
View	TEST	WILKES REFLEX 1	TEST, MIKE	Prelim	10/10/1960		View	✓			Resend
View	TEST	WILKES REFLEX 2	TEST, MIKE	Prelim	04/04/1983		View	✓			Resend
View	TEST	WILKES REFLEX 3	TEST, MIKE	Prelim	05/05/1982		View	✓			Resend
View	TEST	WILKES REFLEX 4	TEST, MIKE	Prelim	03/03/1992		View				Invite
View	TEST	WILKES02	TEST, MIKE	Prelim	04/02/1975		View				Invite



Getting Started

# INSURANCE & BILLING



- **Insurance Pay**
  - Copy of the insurance card or demographic sheet
  - A searchable list of in-network insurance plans can be found at [www.bostonheartdiagnostics.com](http://www.bostonheartdiagnostics.com) > Providers > Insurance and Billing
  - Access a list of Commonly Used ICD-10 Codes at [www.bostonheartdiagnostics.com](http://www.bostonheartdiagnostics.com) > Providers > Insurance and Billing
  - After insurance adjudication, Boston Heart will bill the patient for the responsibility left by their insurance company (deductible, coinsurance, or copay).
- **Patient Pay**
  - Online payment via Patient Portal: <https://patientpay.mybostonheart.com/login?paybill=1>
  - Mailed statement
  - Email [BHDBilling@bostonheart.eurofinsus.com](mailto:BHDBilling@bostonheart.eurofinsus.com) to request an online payment link or a call back to pay over phone
- **Client Bill**
  - Client/Provider is invoiced directly for testing performed
  - Client Bill Agreement must be executed prior to choosing this billing option
  - Please contact your Boston Heart Representative to assist with setting up a Client Bill Agreement (a.k.a. LSA)

**Current Fee Schedule can be found at [www.bostonheartdiagnostics.com/fees](http://www.bostonheartdiagnostics.com/fees)**

# Patient Assistance Support Services (PASS)



Boston Heart's PASS program is intended to provide access to our testing services for all patients, regardless of their financial circumstances.

- Patient Pay Discount
- Prompt Pay Discount
- Payment Plans
- Financial Assistance – Application available at [www.bostonheartdiagnostics.com](http://www.bostonheartdiagnostics.com) > Providers > Insurance and Billing
  - Submit completed application with current tax forms to [pass@bostonheart.eurofinsus.com](mailto:pass@bostonheart.eurofinsus.com)

**Approval for Financial Assistance must be obtained prior to submitting sample for lab testing.**

**FINANCIAL ASSISTANCE APPLICATION** bostonheart  
diagnostics®

**STEP 1: PATIENT INFORMATION**

Name (last, first, middle):	Date of Birth (mm/dd/yyyy):	Gender (MF):
Email Address:	Home Phone Number:	Cell Phone Number:
Address:	City:	State & Zip Code:
Do you have active health insurance? (Y/N)	Household Size:	Household Income (pre-tax):
Boston Heart Accession Number (if known):	Ordering Physician:	Client ID:

**STEP 2: SELECT ASSISTANCE TYPE - PICK ONE OPTION**

Option 1: Patient ~~does not~~ carry insurance       Option 2: Patient ~~does~~ carry insurance\*

Out-of-pocket costs are discounted on a sliding scale based on household size and pre-tax income is under the amount listed in the table below.

Household Size	100% Discount	90% Discount	80% Discount	70% Discount	60% Discount	40% Discount
1	\$15,960.00	\$22,590.00	\$30,120.00	\$37,650.00	\$45,180.00	\$60,240.00
2	\$20,440.00	\$30,660.00	\$40,880.00	\$51,100.00	\$61,320.00	\$81,760.00
3	\$25,820.00	\$38,730.00	\$51,640.00	\$64,550.00	\$77,460.00	\$103,280.00
4	\$31,200.00	\$46,800.00	\$62,400.00	\$78,000.00	\$93,600.00	\$124,800.00
5	\$36,580.00	\$54,870.00	\$73,160.00	\$91,450.00	\$109,740.00	\$146,320.00
6	\$41,960.00	\$62,940.00	\$83,920.00	\$104,900.00	\$125,880.00	\$167,840.00
7	\$47,340.00	\$71,010.00	\$94,680.00	\$118,350.00	\$142,020.00	\$189,360.00
8	\$52,720.00	\$79,080.00	\$105,440.00	\$131,800.00	\$156,160.00	\$210,880.00

Income values are pre-tax and based on 2024 poverty guidelines <https://www.eurofins.com/bostonheart-guidelines/>. Boston Heart uses two times the federal poverty guidelines. Some insurance carriers choose to use the federal poverty guidelines. This may disqualify some applicants for assistance.

**Extenuating circumstances considered – check if applicable and provide supporting documentation:**       Unemployed     Deceased Spouse

\*Please complete the insurance information section below and include a copy of the patient's insurance card, front and back, along with this application. Patients covered by contracted insurance carriers may not be eligible for financial assistance.

Insurance Carrier: \_\_\_\_\_ Insured: \_\_\_\_\_  
 Policy/Member ID: \_\_\_\_\_ Group: \_\_\_\_\_

**STEP 3: PATIENT ATTESTATION**

I hereby acknowledge that the above information is true. I understand that I am responsible for supplying Boston Heart with the required proof of income to verify the information provided on this form for the purposes of assessing financial need. I understand that if I do not qualify, I will be notified and Boston Heart will bill me for the services rendered.

➔ Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP 4: PATIENT MUST PROVIDE INCOME DOCUMENTATION**

Boston Heart must receive confirmation of patient's household income before providing patient assistance, including: wages, social security, pension/retirement, dividends/interest, rental/real estate, unemployment or worker's compensation, alimony, or other assets. **Please provide the patient's most recent form 1040 (from the patient's federal tax return) or Social Security (SS) benefits.**

For completed application and all supporting documents to Boston Heart Billing Customer Care at 866.324.3829 or forward via email to [Pass@Bostonheartdx.com](mailto:Pass@Bostonheartdx.com)

**For Internal Use Only**

Reviewed by:	Amount Due:	% Approved:	Adjusted Amount:	Denial Reason:
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bostonheartdiagnostics.com 877.425.1832  
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**Getting Started**

# **COLLECTION KITS & PHLEBOTOMY**





# Collection Kits for Blood Draws

- **Patient Access Kit – Designed to ship directly to the patient**
  - Includes patient instructions, specimen prep instructions, Styrofoam cooler, 2 ice packs, 1 patient pack of tubes, pre-paid FedEx Express shipping label
- **Small Kit – Designed to collect for two patients**
  - Includes specimen prep instructions, Styrofoam cooler, 2 ice packs, 2 patient packs of tubes, pre-paid FedEx Express shipping label
- **Large Kit – Designed to collect for six patients but can accommodate ten**
  - Includes specimen prep instructions, Styrofoam cooler, 6 ice packs, 6 patient packs of tubes, pre-paid FedEx Express shipping label



**Shipping boxes, ice packs, and patient packs of tubes may be ordered separately if needed**





## Other Types of Collection Kits

- **Dried Blood Spot (DBS) Kit** - Includes everything needed for home or in-office collection of Dried Blood Spot testing
- **Saliva Collection Kit – Polygenic Risk Map**
- **Buccal Swab Kit – Genetic SNP tests**
- **Stool Collection Kit –GI Balance test**

**Please note that the Requisition Form MUST be provided to the patient to include with their sample when sent back to the lab**





## Ordering Kits and Supplies

- Contact Customer Care by email [customer care@bostonheart.eurofinsus.com](mailto:customer care@bostonheart.eurofinsus.com) or by phone 877-425-1252 and provide the following information:
  - Your Client ID (found in the top left corner of your requisition)
  - Type and Quantity of Kit(s)
  - If drop shipping a kit, provide Patient Name and Address
- Access [LearnBHD > Quick Actions](#)

**Contact your Boston Heart Representative with questions or assistance with ordering the appropriate supplies for your office.**



# Preparing for Blood Draw On-Site

- Boston Heart will provide collection kits, which include everything needed to draw in the office
- Centrifuge will be needed to spin tubes down
- Instructions for Blood Specimen Preparation included in each kit
- **Blood Collection Checklist:**
  - ✓ **Fill out the requisition completely**
  - ✓ **Prepare tubes appropriately**
    - Fill each tube to capacity
    - Label each tube with Patient Full Legal Name and DOB
    - Process each tube according to the Instruction Sheet included with the kit
    - Refrigerate samples immediately after processing until they are shipped
  - ✓ **Prepare specimen for shipment**
    - Place refrigerated tubes inside biohazard bag and seal (one patient per bag)
    - Fold and place requisition form and copy of insurance card into outside pouch of biohazard bag
    - Place biohazard bag in Styrofoam box, packed between frozen ice packs
  - ✓ **Schedule a FedEx Pickup**
    - Call FedEx at 800-463-3339 and request EXPRESS RETURN PICKUP
    - We strongly recommend shipping specimen on the same day as collection
    - Specimen must be received refrigerated within 48 hours of collection to maintain integrity

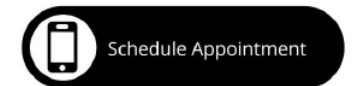


- **My One Medical Source (MOMS) – national directory to find draw sites/mobile phlebotomists convenient to patient**
  - Patient enters zip code
  - Schedule appointment directly through MOMS site
- **Accessing MOMS**
  - Boston Heart specific link:  
<https://patient.myonemedicalsource.com/online-appointment?panel=62>
  - Scan QR Code
  - Order postcards to download a pdf for patients on [LearnBHD > Quick Actions > Patient Facing Materials](#)
- **If you need assistance locating draw site/mobile phlebotomy options:**
  - Email Customer Care directly at [customercare@bostonheartdx.com](mailto:customercare@bostonheartdx.com) or call 877-425-1252
  - Contact your Boston Heart Representative



## Schedule Your Boston Heart Standard Kit Collection

Scan the QR code to find a draw site (MAP: Medical Access Point™) nearest you to schedule your specimen collection appointment!



[www.myonemedicalsource.com](http://www.myonemedicalsource.com)

<https://patient.myonemedicalsource.com/online-appointment?panel=62>



Stay in the loop

# HELPFUL RESOURCES



About Us

Tests

Providers

Patients

## Learn More



Success with your patients requires adherence to medication and often difficult-to-make lifestyle changes. We can help.

[LEARN MORE >](#)

## Account Resources



Supporting your practice with a focus on customer service and advanced diagnostics testing. Let's work together and share our commitment to patient health.

[LEARN MORE >](#)

## Quick Actions



Order supplies, schedule pickups, find phlebotomy and view patient facing documents.

[LEARN MORE >](#)

- Test Descriptions, Clinical & Sales Flyers
- Panel Offerings
- Provider & Patient Resources
- Medical Education Presentations
- Recorded Webinars

- Healthcare Provider Portal
- Requisition Information
- Billing & Insurance
- Phlebotomy Solutions
- Specimen Prep & Shipping
- Contact Form Submission

- Order Supplies
- Schedule FedEx Pickup
- Enter the HCP Portal
- Access Patient Facing Materials
- Link to the MOMS Mapper for phlebotomy options
- Contact Customer Care



# Helpful Contacts



<p><b>Customer Care</b></p>	<p><a href="mailto:customer care@bostonheart.eurofinsus.com">customer care@bostonheart.eurofinsus.com</a></p> <p>877-425-1252</p>	<p>Supplies            Patient Results &amp; Reports            Specimen Requirements            Test Add-On &amp; Cancellation            Specimen Pickup Inquiries</p>
<p><b>Billing</b></p>	<p><a href="mailto:bhdbilling@bostonheart.eurofinsus.com">bhdbilling@bostonheart.eurofinsus.com</a></p> <p>877-425-1602</p>	<p>Patient Balance Inquiries            Insurance Inquiries            Patient Assistance Support Services (PASS)</p>
<p><b>Peggy Daly –            Medical Science            Liaison</b></p>	<p><a href="mailto:peggy.daly@bostonheart.eurofinsus.com">peggy.daly@bostonheart.eurofinsus.com</a></p> <p>774-405-4013</p>	<p>Identifying proper patient type            Biomarker selection and education            Peer reviewed studies pertaining to biomarkers            Review lab reports            Provide treatment considerations            Discuss additional relevant testing            Virtual education sessions on new biomarkers</p>



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