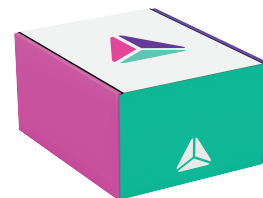


## BREATH TESTING FOR THE THREE PRIMARY FERMENTED GASES

trio-smart is a **mail-in breath test** that measures the levels of **hydrogen, methane,** and **hydrogen sulfide** in a patient's breath after lactulose or glucose consumption. Measuring the three primary fermented gases can offer you clearer insight leading to a personalized treatment plan more quickly.



trio-smart is a validated Laboratory Developed Test (**LDT**) and is conducted in a **CLIA-certified** laboratory.



The **American College of Gastroenterology Clinical Guideline for Small Intestinal Bacterial Overgrowth** provides authoritative validation of the value of breath testing technology like trio-smart and supports mail-in kits with testing in CLIA-certified labs.



The **North American Consensus on Hydrogen and Methane-Based Breath Testing** in Gastrointestinal Disorders establishes common standards utilized by trio-smart.

## INDICATIONS & CORRELATIONS

**HYDROGEN**  
Indicative of: SIBO  
**Small Intestinal Bacterial Overgrowth**

Predicts:  
**Bloating and Diarrhea**

**METHANE**  
Indicative of: IMO  
**Intestinal Methanogenic Overgrowth**

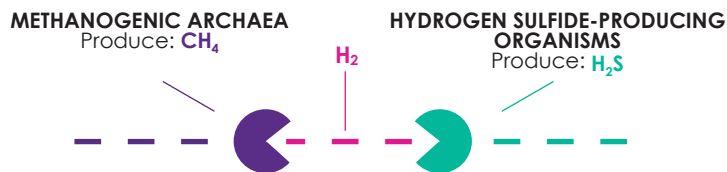
Predicts:  
**Constipation**

**HYDROGEN SULFIDE**  
Indicative of: **Excess Hydrogen Sulfide**  
Predicts: **More Severe Diarrhea**

## INTERPLAY OF THESE FERMENTED GASES

**Hydrogen** is produced by fermenting bacteria, but is also consumed by other organisms, resulting in the production of other gases, including **methane** and **hydrogen sulfide**.

These findings are important, because they suggest that **providers cannot rely solely on hydrogen** measurements, as they are directly affected by methane and hydrogen sulfide.



## ORDER trio-smart

Please complete the attached requisition form and email it to [support@triosmartbreath.com](mailto:support@triosmartbreath.com) or fax it to **818-301-3222**. You can also order online by visiting [ordertriosmart.com](http://ordertriosmart.com). Easy-to-interpret results are reported within seven days of sample receipt.

1. Pimentel, Mark, et al. **ACG Clinical Guideline: Small Intestinal Bacterial Overgrowth**. The American Journal of Gastroenterology, 2020.
2. Rezaie, Ali, et al. **Hydrogen and Methane-Based Breath Testing in Gastrointestinal Disorders: The North American Consensus**. The American Journal of Gastroenterology, 2017.
3. Pimentel, Mark, et al. **Gas and the Microbiome**. Current Gastroenterology, 2013.
4. Pimentel, Mark, et al. **Exhaled Hydrogen Sulfide Is Increased in Patients With Diarrhea: Results of a Novel Collection and Breath Testing Device**. AGA Abstracts, 2021.
5. Singer-Englar, Tahli, et al. **Validation of a 4-Gas Device for Breath Testing in the Determination of Small Intestinal Bacterial Overgrowth**. AGA Abstracts, 2021.

**PRESCRIBER #:** \_\_\_\_\_

For Lab Use Only

**PATIENT INFORMATION**

Name: \_\_\_\_\_ Address 1: \_\_\_\_\_  
First MI Last Note: We cannot ship to PO Boxes

Date of Birth: \_\_\_\_\_ Address 2: \_\_\_\_\_  
mm/dd/yyyy

Sex (Male, Female): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**PATIENT'S INSURANCE INFORMATION**

*Check one:* **\*PLEASE PROVIDE FRONT & BACK COPY OF INSURANCE CARD.\***

**HMO, PPO, Commercial Insurance\***  **Medicare / Medicaid\***

Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_

Policyholder:  Self  Other: \_\_\_\_\_  
Relationship to Patient (e.g., "Spouse," "Parent")

Name: \_\_\_\_\_  
Policyholder Info (if Other)

Date of Birth: \_\_\_\_\_ Sex (Male, Female): \_\_\_\_\_

**Cash Pay (\$349)** - Patient will be billed directly via mail.

An insurance claim for \$349 will be filed on the patient's behalf. Patients with private insurance will be billed the balance of the test not covered by insurance. Patients with public insurance (Medicare and Medicaid) will not be billed any balance other than co-pays or co-insurances (if applicable).

**PATIENT SIGNATURE (REQUIRED)**



**SIGN HERE**

\_\_\_\_\_  
 PATIENT SIGNATURE

DATE \_\_\_\_\_

**ORDERING PRESCRIBER INFORMATION**

Practice Name: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

NPI: \_\_\_\_\_

**DELIVER TEST RESULTS TO:** \_\_\_\_\_  
Enter Email Address or Fax Number

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**LABORATORY TEST ORDERED**

Please select **only one** of the following:

**trio-smart - LACTULOSE** \*Please provide your patient with a prescription for one dose of 10gm/15ml solution of lactulose.

**trio-smart - GLUCOSE**

**trio-smart malabsorption - LACTOSE**

**trio-smart malabsorption - FRUCTOSE**

**trio-smart malabsorption - SUCROSE**

Gemelli Biotech  
 2450 W Broadway Rd, Ste 120, Mesa, AZ 85202  
 Laboratory Director: Boaz Kurtis, MD

**ICD-10 DIAGNOSIS CODE (REQUIRED)**

- R10.9**  
(Abdominal Pain)
- R11.0**  
(Nausea)
- R14.0**  
(Abdominal Distension)
- R14.1**  
(Gas Pain)
- R14.2**  
(Eructation)
- R14.3**  
(Flatulence)
- R19.7**  
(Diarrhea)
- K59.00**  
(Constipation)

Other: \_\_\_\_\_

**PRESCRIBER SIGNATURE (REQUIRED)**



**SIGN HERE**

\_\_\_\_\_  
 PRESCRIBER SIGNATURE

DATE \_\_\_\_\_