MY ONE MEDICAL SOURCE · WHITE PAPER

The three questions specialty labs should be asking about their specimen collection model

Why 30% of lab orders never become results, and how to close the gap without building a collection network.

MOMS · The Connection for the Collection®

THE PROBLEM

30%

of lab orders are never completed.

An ordered test that is never collected produces no result, no diagnosis and no revenue. For specialty labs, the gap usually opens at one step: getting a qualified professional to draw the specimen.

Source: MOMS (myonemedicalsource.com) · 2

Why collection economics matter now

13B+

lab tests performed in the US each year

70%

of medical decisions depend on a lab result

Reimbursement pressure on specialty test margins

Stark, AKS and EKRA rules on every collection payment

Phlebotomist shortages nationwide

Patients expect close-to-home or in-home draws

Source: MOMS (myonemedicalsource.com) · 3

QUESTION 1

Is our collection model sustainable as we scale?

Every new geography adds work

- Finding and credentialing local collectors
- Negotiating a separate contract for each site
- Fair-market-value and referral-risk review
- Invoicing and paying dozens of vendors
- Teaching each site every kit's prep rules

Collection is a growth constraint, not a back-office detail.

Uncollected orders lower realized revenue, delay results and weaken loyalty among ordering physicians.

QUESTION 2

Are we judging collection through the right lens?

Factor	What to measure
Order completion	Share of kits that return a usable specimen
Revenue capture	Reimbursement lost on uncollected tests
Turnaround time	Days from order to specimen receipt
Geographic reach	Patients within reach of a qualified collector
Compliance exposure	Stark, AKS and EKRA risk across arrangements
Patient experience	Scheduling ease, in-home options, ratings
Physician loyalty	Whether clinicians keep ordering
Internal workload	Staff time on contracts, billing, support

Cost per draw is the wrong lens.

The real question is what revenue and reputation are lost while collection falls short.

QUESTION 3

Is there a path that doesn’t require us to build a collection network?

Labs excel at testing science, not at managing thousands of collection sites. A growing number now separate the two: the lab owns testing and results, and a partner supplies compliant collection access.

Build it yourself, or connect through MOMS

	Build it yourself	Connect through MOMS
Coverage	Added site by site	2,600+ providers in all 50 states, DC, PR and USVI
Contracts	One per collection site	One agreement with MOMS
Compliance	Each deal reviewed for Stark, AKS, EKRA	Flat, fair-market-value fee per draw, not tied to referrals
Billing	Invoice and pay each vendor	Automated invoicing and provider payment
Scheduling	Patients find a site alone	Patients book a clinic or mobile draw, free
Kit prep	Instructions sent site by site	Kit specs uploaded once to the Lab Portal

One agreement, a nationwide network

2,600+

credentialed Medical Access Providers

50 + DC

states covered, plus Puerto Rico and USVI

4.7 / 5

average patient rating

SOC 2

Type II certified platform

Source: MOMS (myonemedicalsource.com) · 8

TRUSTED BY SPECIALTY LABS

“We are contracted with MOMS, not the vendor.”

Business Operations Manager, Natera

Natera · Guardant Health · NeoGenomics · BillionToOne · GRAIL · Baylor Genetics · Boston Heart Diagnostics · Fulgent

Next steps with MOMS

1

Measure your gap

Compare kits shipped with specimens received, by state and by test.

2

Map coverage

Overlay where your patients live on the MOMS provider network.

3

Onboard once

Sign the MSA and BAA, upload kit specs to the Lab Portal, route patients to MOMS.

Complete more orders. Grow without building a network.

The Connection for the Collection®

myonemedicalsource.com