



Help us expedite your test(s) at www.gplinternational.com. Reference #: _____

Must fill out test orders on the reverse side

Information in red is required to process sample.

Patient Information (please print clearly)					
First Name	Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)	Age	Weight
Address	City	State/Province	Postal	Country	
Phone	Email (we deliver results ONLY through email)				

Practitioner Information				
First Name	Last Name		Credentials	
Institution	Phone	Fax		
Address	City	State/Province	Postal	Country
Email	Practitioner Signature			

Distributor Information		
Company Name	Country	Phone

Method of Payment
<input type="checkbox"/> Bill Practitioner Practitioner's Name: _____
<input type="checkbox"/> Patient Pay (select payment method below)
<input type="checkbox"/> Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card # _____ Exp. Date _____ Security Code _____ Name on Card _____ Signature _____
<input type="checkbox"/> Shopping Cart Pre-Paid 4-Digit Confirmation # _____-INT
<input type="checkbox"/> Credit Card Online Payment at www.greatplainslaboratory.com/payments Transaction ID# _____
<input type="checkbox"/> Paypal (send payment to payment@gp-labs.com) PayPal User Name _____
<input type="checkbox"/> Wire Transfer Visit www.greatplainslaboratory.com/payments to check our bank information. An additional \$40 is required to be paid as bank commission. Please email a copy of your wire transfer receipt to wiretransfers@gp-labs.com. Please include the inbound shipping charges (see shipping instructions).

Person Responsible for Charges		<input checked="" type="checkbox"/> Same as patient		
First Name	Last Name	Credentials		
Email				
Address	City	State/Province	Postal	Country

Language Preference for Results
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Portuguese <input type="checkbox"/> German <input type="checkbox"/> Japanese
Please note: Not all results are available in every language. If preferred choice is not available, you will receive results in English.

Authorization of Testing and Agreement to Cancellation Policy
I agree to have requested lab work performed on receipt of this Test Requisition Form. I permit a copy of this to be used in place of the original. I have reviewed and agree to the cancellation policy located at www.greatplainslaboratory.com/cancellation-policy.
Patient/Guarantor <i>Signature</i> _____ Date (MM/DD/YYYY) _____



Specimen date and time of collection

URINE Collection Date (MM/DD/YYYY): _____

BLOOD Collection Date (MM/DD/YYYY): _____

STOOL 1 Collection Date (MM/DD/YYYY): _____ Collection Time: _____ AM PM

STOOL 2 Collection Date (MM/DD/YYYY): _____ Collection Time: _____ AM PM

SALIVA Collection Date (MM/DD/YYYY): _____

HAIR Collection Date (MM/DD/YYYY): _____

Dried Blood Spot (DBS) Collection Date (MM/DD/YYYY): _____

HORMONES TEST ONLY

Collection Date (MM/DD/YYYY): _____ Collection Time: Morning _____ Noon _____ Evening _____ Night _____

Sample frozen? Yes No

Check any applicable: Hysterectomy Ovaries removed First Day of Last Menstrual Period (MM/DD/YYYY): _____

Has urine been frozen? Yes No

Date of collection required for ALL specimen types.

Time of collection required for stool and hormone samples.

STOP

Please ship all your samples in a single package to avoid multiple shipping charges.

Urine

- Organic Acids Test (OAT)
- MycoTOX Profile (Mold Exposure)
 - Check if patient is taking mycophenolate mofetil (CellCept/Myfortic)
- Glyphosate Test
- GPL-TOX Profile (Toxic Non-Metal Chemicals)
- Microbial Organic Acids Test (MOAT) (included in OAT)
- Amino Acids Test Random Collect 24 Hr Total vol _____ mL
- Calcium + Magnesium Test
- Porphyrins Profile
- Metals Urine Test Select type of collection:
 - Random 24 Hour Total vol. _____ mL Timed # of hours _____
 - Pre-Provoking Post-Provoking: Agent _____ Dosage _____

Stool

- Comprehensive Stool Analysis x2
- Metals Fecal Test
 - Pre-Provoking Post-Provoking agent _____ Dosage _____
 - Does patient have dental amalgams? No Yes - How many? _____
- Microbiology Test

Blood (Serum, RBC, Whole Blood)

- IgG Food MAP with *Candida* + Yeast (Serum)
- Mold IgE Allergy Test (Serum)
- IgE Allergy Advanced Combined (Serum)
- IgE Food Allergy Basic Test (Serum)
- IgE Food Allergy Advanced Test (Serum)
- IgE Inhalant Allergy Basic Test (Serum)
- IgE Inhalant Allergy Advanced Test (Serum)
- Metals Test: Whole Blood Red Blood Cell
- Advanced Cholesterol Profile (Serum)
- Copper + Zinc Profile (Serum)
- Homocysteine Test (Serum)
- Iron + Total Iron-Binding Capacity Test (TIBC)
- Streptococcus Antibodies Profile (Serum)
- Vitamin D Test (Serum)

Hair

- Metals Hair Test

Combo and Test Panels

Extra charges may apply for combos/panels that DO NOT arrive in same UPS bag.

- Advanced Assessment Panel (AAP)** (Organic Acids, GPL-TOX Profile, Glyphosate, IgG Food MAP, Metals Hair, Comp Stool Analysis)
- Autism Spectrum Disorders Panel** (OAT, GPL-TOX Profile, Glyphosate, IgG Food MAP, Adv. Cholesterol, Comp Stool Analysis, Metals Hair, OAT, Omega-3 Index Complete)
- Basic Assessment Panel (BAP)** (Organic Acids, GPL-TOX Profile, IgG Food MAP, Metals Hair)
- ENVIROtox Panel** (OAT, GPL-TOX Profile, Glyphosate)
- ENVIROtox Complete Panel** (ENVIROtox Panel + MycoTOX)
 - Check if patient is taking mycophenolate mofetil (CellCept/Myfortic)
- OAT + Microbiology Test Combo**

Dried Blood Spot

- IgG Food MAP with *Candida* + Yeast
- Omega-3 Index Complete (DBS One-Spot Card)
- Vitamin D Test

Saliva

- DNA Methylation Pathway Profile (**requires Informed Consent form**)
- Hormones Comprehensive Plus Panel
Estrone, Estradiol, Estriol, Progesterone, Testosterone, DHEA, 4x Cortisol
- Hormones Comprehensive Panel
Estradiol, Progesterone, Testosterone, DHEA, 4x Cortisol

Other

- _____
- _____

May we use your test data for research purposes?

Yes No NO IDENTIFYING INFORMATION WILL BE RELEASED

If yes, please check boxes applicable to this patient.

- ADD/ADHD Alzheimer's Asperger's
- Autism Spectrum Disorders Chronic fatigue Colitis
- Crohn's disease Depression Down syndrome
- Fibromyalgia Irritable bowel Multiple sclerosis OCD
- PDD Psychosis Schizophrenia Tourette's/Tics
- Other (please list): _____

Signature: _____