



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 Signature _____ 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.



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: _____



Afghanistan	\$78.00	Gabon	\$78.00	Niger	\$78.00
Albania	\$78.00	Gambia	\$78.00	Nigeria	\$78.00
Algeria	\$78.00	Georgia	\$78.00	Nothorn Mariana Isl.	\$46.00
Andorra	\$55.00	Germany	\$63.00	Norway	\$55.00
Angola	\$78.00	Ghana	\$78.00	Oman	\$78.00
Anguila	\$47.00	Gibraltar	\$78.00	Pakistan	\$58.00
Antigua	\$47.00	Great Britain	\$61.00	Palau	\$78.00
Argentina	\$46.00	Greece	\$55.00	Palau	\$78.00
Armenia	\$78.00	Greenland	\$55.00	Panama	\$46.00
Aruba	\$47.00	Granada	\$47.00	Papua New Guinea	\$46.00
Australia	\$55.00	Guadalupe	\$47.00	Paraguay	\$46.00
Austria	\$55.00	Guam	\$46.00	Peru	\$46.00
Azerbaijan	\$78.00	Guatemala	\$46.00	Philippines	\$55.00
Bahamas	\$47.00	Guinea	\$78.00	Poland	\$78.00
Bahrain	\$78.00	Guinea-Bissau	\$78.00	Portugal	\$55.00
Bangladesh	\$78.00	Guyana	\$46.00	Puerto Rico	\$37.50
Barbados	\$47.00	Haiti	\$47.00	Qatar	\$78.00
Belarus	\$78.00	Honduras	\$46.00	Reunion	\$78.00
Belgium	\$61.00	Hong Kong	\$58.00	Romania	\$78.00
Belize	\$46.00	Hungary	\$78.00	Russia	\$78.00
Benin	\$78.00	Iceland	\$55.00	Rwanda	\$78.00
Bermuda	\$47.00	India	\$78.00	Saint Kitts and Nevis	\$47.00
Bolivia	\$46.00	Indonesia	\$55.00	Saint Lucia	\$47.00
Bosnia Herzegovina	\$78.00	Ireland	\$61.00	Saint Vincent	\$47.00
Botswana	\$78.00	Israel	\$78.00	Saudi Arabia	\$78.00
Brazil	\$46.00	Italy	\$63.00	Senegal	\$78.00
British Virgin Islands	\$47.00	Jamaica	\$47.00	Serbia	\$78.00
Brunei Darussalam	\$78.00	Japan	\$66.00	Seychelles	\$78.00
Bulgaria	\$78.00	Jordan	\$78.00	Sierra Leone	\$78.00
Burkina Faso	\$78.00	Kazakhstan	\$78.00	Singapore	\$58.00
Burundi	\$55.00	Kenya	\$78.00	Slovakia	\$78.00
Cambodia	\$46.00	Kuwait	\$78.00	Slovenia	\$78.00
Cameroon	\$78.00	Kyrgyzstan	\$78.00	Somalia	\$78.00
Canada	\$37.00	Laos	\$46.00	South Africa	\$78.00
Cape Verde	\$78.00	Latvia	\$78.00	South Korea	\$66.00
Cayman Islands	\$47.00	Lebanon	\$78.00	Spain	\$55.00
Central African Republic	\$78.00	Lesotho	\$78.00	Sri Lanka	\$78.00
Chad	\$78.00	Liberia	\$78.00	Suriname	\$46.00
Chile	\$48.00	Liechtenstein	\$55.00	Swaziland	\$78.00
China	\$45.00	Lithuania	\$78.00	Sweden	\$55.00
Colombia	\$46.00	Luxembourg	\$61.00	Switzerland	\$55.00
Congo	\$78.00	Macedonia	\$78.00	Syria	\$78.00
Cook Islands	\$47.00	Madagascar	\$78.00	Taiwan	\$58.00
Costa Rica	\$47.00	Malawi	\$78.00	Tanzania	\$78.00
Cote d'Ivoire	\$78.00	Mali	\$78.00	Thailand	\$55.00
Croatia	\$78.00	Malta	\$55.00	Togo	\$78.00
Cyprus	\$78.00	Malaysia	\$55.00	Trinidad and Tobago	\$47.00
Czech Republic	\$78.00	Marshall Islands	\$78.00	Tunisia	\$78.00
Dem. Rep. of Congo	\$78.00	Martinique	\$47.00	Turkey	\$78.00
Denmark	\$55.00	Mauritania	\$78.00	Turkmenistan	\$78.00
Djibouti	\$78.00	Mauritius	\$78.00	Turks and Caicos	\$47.00
Dominica	\$47.00	Mexico	\$31.00	EAU	\$84.00
Dominican Republic	\$47.00	Micronesia	\$78.00	Uganda	\$78.00
Ecuador	\$46.00	Moldova	\$78.00	Ukraine	\$78.00
Egypt	\$78.00	Monaco	\$61.00	United Kingdom	\$61.00
El Salvador	\$46.00	Mongolia	\$78.00	Uruguay	\$46.00
Equatorial Guinea	\$78.00	Montserrat	\$47.00	Uzbekistan	\$78.00
Estonia	\$78.00	Morocco	\$78.00	Vatican	\$46.00
Ethiopia	\$78.00	Mozambique	\$78.00	Vatican	\$63.00
Faroe Islands	\$55.00	Namibia	\$78.00	Venezuela	\$46.00
Fiji	\$46.00	Neth. Antilles	\$47.00	Vietnam	\$55.00
Finland	\$55.00	Netherlands	\$61.00	Virgin Islands US	\$47.00
France	\$61.00	New Caledonia	\$46.00	Wallis and Futuna	\$78.00
French Guiana	\$46.00	New Zealand	\$55.00	Yemen	\$78.00
French Polynesia	\$78.00	Nicaragua	\$46.00	Zambia	\$78.00
				Zimbabwe	\$78.00

(*) These are rates PER PACKAGE and are in USD. Additional charges will occur if you send samples through multiple packages or if your package exceeds the 900 grams weight threshold. These rates will be charged to your credit card once the sample is received. If you pay with a wire transfer please make sure you add these costs to your wire transfer per package. If you use a different shipping company we will not charge your account. THESE PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE.

Declaration of Biological Shipments

Please complete this form to assist UPS to provide timely clearance of biological shipments into this country.

Air Waybill # _____ Shipper: _____ _____ _____ Fax: _____ Phone: _____ UPS Acct No: _____	Number of Containers _____ Total No. of Pkgs _____ Consignee: <u>Great Plains Laboratory, LLC</u> <u>9221 Quivira Road</u> <u>Overland Park, KS 66215 USA</u> Registration # _____ Permit # _____ Fax: <u>913-341-6207</u> Phone: <u>913-341-8949</u> UPS Acct No: _____
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Reason for export: Sample for lab research _____ For human consumption/use _____ Not for human consumption/use _____

The above shipment contains (please check all that apply):

____ Human Qty in Milliliters _____ LOT Number _____ Control Number _____

____ **Infectious** ____ **Non- Infectious** ____ **blood** ____ **serum** ____ **plasma** ____ **urine**

____ **Parts of the human body** (bones, tissues, organs, hairs etc.) (*)

____ Animal Name of Animal _____ / Species _____ Qty in Milliliters _____

____ **blood** ____ **serum** ____ **plasma**

____ **Parts of the human body** (bones, tissue, organs, coat etc.) (*)

____ **Biological specimen(s)** with origin of: *(Require a health certificate and an import license)*

bovine _____ sheep _____ goat _____

pig _____ chicken _____ horse _____

Health Certificate Attached: _____ Importer's License or Permit Number: _____

____ **Biological specimen(s)** containing **hamster, rabbit, rat, mouse, monkey, canine, or feline**. Please provide the specific description of the specimen, (i.e. rabbit monoclonal antibodies).

hamster _____ rabbit _____ rat _____

mouse _____ canine _____ feline _____

monkey _____

Diagnostic specimen (reagents) not containing psychotropic substances and drugs.

_____ these reagents are not used for detection of HIV, HBSAG, HCV.

_____ these reagents are not perishable and/or potentially infectious biologicals.

_____ non infectious (biological) diagnostic specimen. (+)

_____ diagnostic reagents contain animal or plant product (**)

____ **Other** - If your specimen is not covered by the previous categories please provide complete description of the specimen including details relating to its origin.

Description _____

Notes _____

(*) Please provide specific description, indicate the part of the body from which obtained.

(+) A purple label reporting "Matières biologiques périssables" must be put on each package.

(**) Please provide source material (plant or animal name) if reagents contain any plant or animal product.

Parts of animal bodies: Provide complete description of the part; including name of the animal (*)

Please provide source material (plant or animal name) if reagents contain any plant or animal product.()**

Description of the packaging _____

FedEx packaging cannot be used for transport of these type goods.

Special Handling(++) (select one)

Freeze (-20C)

Keep Cool (+2-8C)

Room Temperature

Declarants Name (Print)

Declarants Signature

Declarants Capacity/Title

Date

Emergency Contact Name: _____

E mail: _____@_____

Phone: _____ / **Fax:** _____

Blood, urine and other liquid diagnostic specimens containing infectious substances are considered Dangerous Goods. (See Dangerous Goods.) IATA regulations apply. NOTE: Regulated Infectious Substances must not be shipped in Diagnostic Specimen Envelopes. (See Packaging and Marking.) Non infectious blood, urine and diagnostic specimens must be packaged to specific UPS standards.

(++) Completion of this information does not guarantee that this shipment will be stored or housed in climate controlled environment and is not intended to confer added liability on UPS.