

## PRACTICE INFORMATION

## SPECIMEN DATA

### LAB USE ONLY

**Date Collected:** \_\_\_\_\_  
**Time:** \_\_\_\_\_ AM or PM  
**SPECIFY:**  
 Oral Fluid     Urine  
 Blood         Swab

### PATIENT INFORMATION

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Gender:**  M  F **SSN:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Insurance:** \_\_\_\_\_ **Date of Injury:** \_\_\_\_\_  
**Policy Number:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_

PLEASE ATTACH COPY OF PATIENT FACE SHEET & INSURANCE CARD

### ICD CODES:

- U07.1** - PRESUMPTIVE OR POSITIVE FOR COVID
- Z03.818** - ENCOUNTER FOR OBSERVATION FOR SUSPECTED EXPOSURE TO OTHER BIOLOGICAL AGENTS RULED OUT
- Z20.828** - CONTACT WITH (SUSPECTED) EXPOSURE TO OTHER VIRAL COMMUNICABLE DISEASES
- Z11.59** - ENCOUNTER FOR SCREENING FOR OTHER VIRAL DISEASES - ASYMPTOMATIC
- R05.0** - COUGH
- R50.9** - FEVER UNSPECIFIED

**PRESCRIBED MEDICATIONS:** (please list or attach med list) \_\_\_\_\_

### TOXICOLOGY

- Order PRESUMPTIVE Immunoassay Drug Test
- Order DEFINITIVE LCMS which will test all below

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>ANTICONVULSANTS</b><br/>Gabapentin<br/>Pregabalin<br/>Carbamazepine</li> <li><input type="checkbox"/> <b>ANTIDEPRESSANTS</b><br/>Amitriptyline<br/>Doxepin<br/>Imipramine<br/>Norsertaline<br/>Nortriptyline<br/>Paroxetine<br/>Norfluoxetine</li> <li><input type="checkbox"/> <b>BARBITURATES</b><br/>Amorbarbital<br/>Butalbital<br/>Phenobarbital<br/>Pentobarbital<br/>Secobarbital</li> <li><input type="checkbox"/> <b>BENZODIAZEPINES</b><br/>Alprazolam<br/>Clonazepam<br/>Diazepam<br/>Flunitrazepam<br/>Flurazepam<br/>Lorazepam<br/>Midazolam<br/>Oxazepam<br/>Temazepam</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>ILLCITS</b><br/>6 MAM (heroin metabolite)<br/>Benzoyllecgonine (cocaine)<br/>Ketamine<br/>MDEA<br/>MDA<br/>MDMA (ecstasy)<br/>Methamphetamine<br/>Mitragnine<br/>Phencyclidine (PCP)<br/>THC</li> <li><input type="checkbox"/> <b>MUSCLE RELAXANTS</b><br/>Baclofen<br/>Carisoprodol<br/>Cyclobenzaprine<br/>Meprobamate</li> <li><input type="checkbox"/> <b>OPIATES</b><br/>Codeine<br/>Hydrocodone<br/>Hydromorphone<br/>Morphine<br/>Norhydrocodone<br/>Oxycodone<br/>Oxymorphone</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>STIMULANTS</b><br/>Amphetamine<br/>Methylphenidate<br/>Methamphetamine</li> <li><input type="checkbox"/> <b>OPIOIDS: SYNTHETIC</b><br/>Buprenorphine<br/>Fentanyl<br/>Meperidine<br/>Metadone/RDDP<br/>Naloxone(Suboxone)<br/>Naltrexone<br/>Norbupenorphine<br/>Norfentanyl<br/>Normeperidine<br/>O-Desmethyltramadol<br/>Propoxyphene<br/>Tramadol<br/>Tapentadol<br/>Sufentanil</li> <li><input type="checkbox"/> <b>OTHER</b><br/>Cotinine<br/>Phentermine<br/>Ritalinic Acid<br/>Zolpidem</li> <li><input type="checkbox"/> <b>ALCOHOL</b><br/><input type="checkbox"/> Ethanol<br/><input type="checkbox"/> ETG</li> </ul> |
|--|---|---|

### BLOOD TESTING

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>COVID-19 ANTIBODY</b><br/><input type="checkbox"/> SARS-CoV-2 IgG<br/><input type="checkbox"/> SARS-CoV-2 IgM</li> <li><input type="checkbox"/> <b>CBC (Complete Blood Count)</b></li> <li><input type="checkbox"/> <b>CMP (Complete Metabolic Panel)</b><br/>A/G Ratio<br/>Albumin<br/>ALP (Alkaline Phosphatase)<br/>ALT (Alanine Aminotransferase)<br/>AST (Aspartate Aminotransferase)<br/>BUN (Blood Urea Nitrogen)<br/>Calcium<br/>CO2 (Carbon Dioxide)<br/>Creatinine<br/>Direct Bilirubin<br/>eGFR (calculated)<br/>Globulin<br/>Glucose<br/>ISE (Na, K, Cl)<br/>Total Bilirubin</li> <li><input type="checkbox"/> <b>BMP (Basic Metabolic Panel)</b><br/>BUN (Blood Urea Nitrogen)<br/>BUN/Creatinine Calc<br/>Calcium<br/>CO2 (Carbon Dioxide)<br/>Creatinine<br/>eGFR<br/>Glucose<br/>ISE (Na, K, Cl)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>LIPID PANEL</b><br/>Cholesterol (Total)<br/>HDL Cholesterol<br/>LDL (Calculated)<br/>Triglycerides</li> <li><input type="checkbox"/> <b>HEPATIC PANEL</b><br/>Albumin<br/>ALP<br/>ALT<br/>AST<br/>Direct Bilirubin<br/>GGT<br/>Total Bilirubin<br/>Total Protein</li> <li><input type="checkbox"/> <b>RENAL PANEL</b><br/>Albumin<br/>BUN<br/>BUN/Creatinine Calc<br/>Calcium<br/>CO2 (Carbon Dioxide)<br/>Creatinine<br/>eGFR<br/>Glucose<br/>Phosphorus<br/>ISE (Na,K,Cl)</li> <li><input type="checkbox"/> <b>IRON STUDIES</b><br/>Direct TIBC<br/>Ferritin<br/>Folate<br/>Iron<br/>Transferrin Saturation<br/>Vitamin B12</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>THYROID PANEL</b><br/>Free T3<br/>Free T4<br/>Total T3<br/>Total T4<br/>Thyroglobulin Antibody<br/>Thyroglobulin<br/>TPO Antibody<br/>TSH (3rd IS)</li> <li><input type="checkbox"/> <b>MAGNESIUM</b></li> <li><input type="checkbox"/> <b>URIC ACID</b></li> <li><input type="checkbox"/> <b>HgbA1c</b></li> <li><input type="checkbox"/> <b>PSA</b></li> <li><input type="checkbox"/> <b>Free PSA</b></li> <li><input type="checkbox"/> <b>Vitamin D</b></li> <li><input type="checkbox"/> <b>Amylase</b></li> </ul> |
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### MOLECULAR GENOMICS (URINE)

- UTI / UTM (URINARY TRACT INFECTION)**
- VM / STD (WOMENS HEALTH PANEL)**  
Atopobium Vaginae  
BVAB2  
Candida Albicans  
Chlamydia Trachomatis  
Escherichia Coli  
Enterococcus Faecalis  
Streptococcus Agalactiae (Group B)  
Gardenerella Vaginalis  
Mycoplasma Genitalium  
Uncultured Megaspheara 1  
Neisseria Gonorrhoeae  
Prevotella Bivia  
Trichomonas Vaginalis

### MOLECULAR GENOMICS (SWAB)

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>RPP / RTM COMPLETE</b> (Basic + B. Pertussis, Human Bocavirus, HHV(3,4,5,6), S. Aureus, M.Pneumoniae)</li> <li><input type="checkbox"/> <b>RPP / RTM BASIC</b><br/>Adenovirus<br/>Pneumoniae<br/>COV (229E, HKU1, NL63, OC43)<br/>EV (D68, Panel)<br/>Influenza (A H1,A H3, A PAN, B PAN)<br/>H. Influenzae<br/>HMPV<br/>PIV(1, 2, 3, 4)<br/>K. Pneumoniae<br/>L. Pneumoniae<br/>RSVA/B<br/>Rhinovirus<br/>SARS-CoV-2<br/>S. Pneumoniae</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>STD / VTM (WOMEN'S HEALTH PANEL)</b><br/>Atopobium Vaginae<br/>Bacteroides Fragilis<br/>BVAB2<br/>Candida Albicans<br/>Candida Dubliniensis<br/>Candida Glabrata<br/>Candida Krusei<br/>Candida Lusitaniae<br/>Candida Parapsilosis<br/>Candida Tropicalis<br/>Chlamydia Trachomatis<br/>Escherichia Coli<br/>Enterococcus Faecalis<br/>Gardenerella Vaginalis<br/>Haemophilus Ducreyi<br/>HSV1 / HSV2</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>PGX (PHARMACOGENOMICS)</b></li> <li><input type="checkbox"/> <b>COVID-19 ONLY</b><br/>Lactobacillus Crispatus<br/>Lactobacillus Gasseri<br/>Lactobacillus Iners<br/>Lactobacillus Jensenii<br/>Mobiluncus Curtisii<br/>Mycoplasma Genitalium<br/>Mycoplasma Hominis<br/>Mobiluncus Mulieris<br/>Uncultured Megaspheara 1<br/>Uncultured Megaspheara 2<br/>Neisseria Gonorrhoeae<br/>Prevotella Bivia<br/>Staphylococcus Aureus<br/>Streptococcus Agalactiae (Group B)<br/>Treponema Pallidum (Syphilis)<br/>Trichomonas Vaginalis<br/>Ureaplasma Urealyticum</li> </ul> |
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### SPECIAL INSTRUCTIONS

### PATIENT AUTHORIZATION

I voluntarily consent to the collection and testing of my specimen. I understand that I am responsible for all co-pays, deductibles, and amounts not covered by my insurance. I assign to SL Consulting, LLC dba GRI Labs dba Global Research Institute all insurance payment(s) made for any laboratory services provided to me and direct same to represent me in any grievances or appeals process relating to the payment of these laboratory services. I consent to the release of any medical records necessary to process any insurance claim(s).

Ordering Physician Signature // Date

\_\_\_\_\_  
Patient Signature (required) // Date