GRI LABS
8445 S Eastern Ave
Las Vegas, NV89123
Tel: (702) 463-3784
Fax: (702) 463-3236
CLIA #29D2093280

GENERAL REQUISITION

Blood / Molecular

LAB USE ONLY

PRACTICE INFORMATION

SPECIMEN DATA

Date Collected_____

Time_____AM PM

Specify: ☐ Oral Fluid ☐ Urine ☐ Stool ☐ Blood ☐ Swab

PATIENT INFORMATION

Last Name First Name

Date of Birth:__/__/__ Gender: ☐ M ☐ F SSN:__/__/__

Address:_____

City:_____State_____Zip _____

Phone Number:_____Date of Injury:__/__/__

PLEASE ATTACH COPY OF PATIENT FACE SHEET AND INSURANCE CARD

Insurance: _____

Policy Number:_____Group Number:_____

ICD CODES:_____

PRESCRIBED MEDICATIONS: (PLEASE LIST OR ATTACH MEDLIST)

BLOOD TESTING

☐CBC (COMPLETE BLOOD COUNT)

☐CMP (COMPLETE METABOLIC PANEL)

ALBUMIN
ALP (ALKALINE PHOSPHATASE)
ALT (ALANINE AMINOTRANSFERASE)
AST (ASPARTATE AMINOTRANSFERASE)
BUN (BLOOD UREA NITROGEN)
CALCIUM
CO2 (CARBON DIOXIDE)
CREATNINE
GLUCOSE
CALCIUM
ISE (Na, K, Cl)
TOTAL PROTEIN
DIRECT BILIRUBIN
TOTAL BILIRUBIN
eGFR (CALCULATED)

☐BMP (BASIC METABOLIC PANEL)

BUN (BLOOD UREA NITROGEN)
CALCIUM
CO2 (CARBON DIOXIDE)
CREATININE
eGFR (CALCULATED)
GLUCOSE
ISE (Na, K, Cl)

HEPATIC PANEL

ALBUMIN
ALP (ALKALINE PHOSPHATASE)
ALT (ALANINE AMINOTRANSFERASE)
AST (ASPARTATE AMINOTRANSFERASE)
DIRECT BILIRUBIN
TOTAL BILIRUBIN
GGT

☐RENAL PANEL

ALBUMIN
BUN (BLOOD UREA NITROGEN)
CO2 (CARBON DIOXIDE)
CALCIUM
CREATININE
GLUCOSE
ISE (Na, K, Cl)
PHOSPHORUS

☐LIPID PANEL

HDL CHOLESTEROL
TOTAL CHOLESTEROL
TRIGLYCERIDES
LDL (CALCULATED)

☐MAGNESIUM

☐URIC ACID

☐IRON STUDIES

IRON
UIBC
TIBC (CALCULATED)
TRANSFERRIN (CALCULATED)
IRON SATURATION (CALCULATED)
FERRITIN
FOLATE
VITAMIN B12

☐IRON AND TIBC

IRON
UIBC
TIBC (CALCULATED)
TRANSFERRIN (CALCULATED)
IRON SATURATION (CALCULATED)

☐THYROID PANEL

FREE T3
FREE T4
TOTAL T3
TOTAL T4
TSH (3rd IS)

☐CRP

☐PREALBUMIN

☐CK (CREATINE KINASE)

☐TOTAL PSA

☐FREE PSA

☐AMYLASE

☐VITAMIN D

☐VITAMIN B12

☐FERRITIN

☐FOLATE

☐PROCALCITONIN

☐DEPAKOTE

☐VANCOMYCIN

☐HEMOGLOBIN A1C

☐ESR (ERYTHROCYTE SEDIMENTATION RATE)

☐PT/INR (PROTHROMBIN TIME)

☐PTT (PARTIAL THROMBOPLASTIN TIME)

URINALYSIS

☐URINALYSIS W/REFLEX TO MICROSCOPY

MOLECULAR PCR (URINE)

☐UTM (URINARY TRACT MICROBIOTA)

☐UTM W/ ABR (ANTIBIOTIC RESISTANCE)

☐VM/STD (URINE STD)

ATOPOBIUM VAGINAE
BVAB2
CANDIDA ALBICANS
CHLAMYDIA TRACHOMATIS
ESCHERICHIA COLI
ENTEROCOCCUS FAECALIS
STREPTOCOCCUS AGALACTIAE (GROUP B)
GARDENERELLA VAGINALIS
MYCOPLASMA GENITALIUM
UNCULTURED MEGASPHERA 1
NEISSERIA GONORRHOEAE
PREVOTELLA BIVIA
TRICHOMONAS VAGINALIS

MOLECULAR PCR (SWAB)

☐RTM (RESPIRATORY TRACT MICROBIOTA) BASIC PANEL

H INFLUENZAE
CORONOVIRUS (229E, HKU1, NL63, OC43)
PARAINFLUENZA (1, 2, 3, 4)
RSVA / RSVB
RHINOVIRUS
INFLUENZA (A PAN, A H1- A H3, B PAN)
K PNEUMONIAE M PNEUMONIAE
S PNEUMONIAE
COVID-19

☐RTM COMPLETE PANEL

BASIC PANEL +
ADENOVIRUS
BORDETELLA (BRONCHIOSEPCIA/ PARAPERTUSIS/PERTUSSIS)
C PNEUMONIAE ENTEROVIRUS
HHV (4/5/6) HMPV
S AUREUS

☐ COVID-19 ONLY

☐ STD/VTM (VAGINAL MICROBIOTA)

A VAGINAE
B FRAGILIS
BVAB2
CANDIDA (ALBICANS, DUBLINIENSIS, GLABRATA, KURSEI, LUSTANIAE, PARAPSILOSIS, TROPICALIS)
CHLAMYDIA TRACHOMATIS
E COLI
E FAECALIS
S AGALACTIAE (GROUP B)
G VAGINALIS
H DUCREYI
HSV 1/2
LACTOBACILLUS (CRISPATUS, GASSERI, INERS, JENSENII)
MOBILUNCUS (CURTISII, MULIERIS)
MYCOPLASMA GENITALIUM
MYCOPLASMA HOMINIS
MEGASPHAERA 1/2
NEISSERIA GONORRHOEAE
PREVOTELLA BIVIA
S AUREUS
T PALLIDUM (SYPHILIS)
TRICHOMONAS VAGINALIS
UREAPLASMA UREALYTICUM

☐WOUND MICROBIOTA W/ ABR

MOLECULAR PCR (STOOL)

☐ C DIFFICILE (TOXIGENIC A/B)

☐ STOOL (GI TRACT) PANEL

ADENOVIRUS F40/41
ASTROVIRUS
CAMPYLOBACTER POOL
C DIFFICILE (TOXIGENIC A/B)
CRYPTOSPORIDIUM SPECIES
CYCLOSPORA CAYETANESIS
ENTAMOEBA HISTOLYTICA
EAEC (ENTEROAGGREGATIVE E COLI)
EIEC (ENTEROINVASIVE E COLI)
EPEC (ENTEROPATHOGENIC E COLI)
ETEC (ENTEROTOXIGENIC E COLI)
E COLI O157
GIARDIA LAMBLIA
LISTERIA MONOCYTOGENES
NOROVIRUS GI / GII
PLESIOMONAS SHIGELLOIDES
ROTAVIRUS (A/B/C)
SALMONELLA
SAPOVIRUS
STEC STX 1/2 (SHIGA-LIKE TOXIN E COLI)
VIBRIO POOL
YERSINIA ENTEROCOLITICA

SPECIAL INSTRUCTIONS:

Ordering Physician Signature Date

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).

Patient Signature (Required) Date