GRI LABS
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# GENERAL REQUISITION

## Molecular / Tox

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)

## TOXICOLOGY

☐ **Order Qualitative PRESUMPTIVE Screen**

☐ **Order Qualitative PRESUMPTIVE Screen and Quantitative DEFINITIVE LCMS**

As the ordering clinician, I deem all of the assay in the selected suggested patient profile meets medical necessity, and understand that I can individually order each drug class that meets medical necessity from the list below.

- ☐AMPHETAMINES*
- ☐ANTICONVULSANTS
- ☐ANTIDEPRESSANTS
- ☐ANTIPSYCHOTICS
- ☐BARBITURATES*
- ☐BENZODIAZEPINES*
- ☐CARBOXY-THC*
- ☐COCAINE*
- ☐ECSTASY*
- ☐ETHANOL METABOLITE*
- ☐FENTANYL
- ☐KETAMINE
- ☐KRATOM
- ☐METHADONE*
- ☐METHYLPHENIDATE
- ☐NICOTINE
- ☐OPIATES*
- ☐OPIOID ANTAGONISTS
- ☐OPIOIDS/OXYCODONE*
- ☐PCP*
- ☐PROPOXYPHENE
- ☐SEDATIVE HYPNOTICS
- ☐SKELETAL MUSCLE RELAXANTS
- ☐TRAMADOL

*Drug classes included in qualitative PRESUMPTIVE screen.

## URINALYSIS

☐**URINALYSIS W/REFLEX TO MICROSCOPY**

## MOLECULAR PCR (SWAB)

☐**WOUND MICROBIOTA W/ ABR**

ACINETOBACTER BAUMANII
ASPERGILLUS FLAVUS/NIGER/TERREUS
ASPERGILLUS FUMIGATUS
BACTEROIDES FRAGILIS
BARTONELLA HENSELAE
CAMPYLOBACTER POOL
CANDIDA AURIS
CANDIDA ALBICANS/GLABRATA/PARAPSILOSIS/ TROPICALIS
CANDIDA KRUSEI
CITROBACTER FREUNDII
CLOSTRIDIUM BOTULINUM
CLOSTRIDIUM POOL
COAG-NEG STAPHYLOCOCCI
CORYNEBACTERIUM JEIKEIUM
CORYNEBACTERIUM STRIATUM
ENTEROCOCCUS FAECALIS
ENTEROCOCCUS FAECIUM
ESCHERICHIA COLI
FINEGOLDIA MAGNA
FURASIUM SOLANI
FUSOBACTERIUM NECROPHORUM
H INFLUENZAE
HSV1/2
HHV3
KLEBSIELLA AEROGENES
KLEBSIELLA PNEUMONIAE/OXYTOCA
MICROSPORUM FERRUGINEUM/AUDOUINII/CANIS
MICROSPORUM GYPSEUM
MORGANELLA MORGANII
MYCOBACTERIUM AVIUM/INTRACELLULARE/KANSASII
MYCOBACTERIUM TUBERCULOSIS COMPLEX
MYCOBACTEROIDES ABSCESSUS
MYCOPLASMA HOMINIS/GENITALIUM
PEPTOSTREPTOCOCCUS ANAEROBIUS
PROTEUS MIRABILIS/VULGARIS
PSEUDOMONAS AERUGINOSA
SALMONELLA ENTERICA
SERRATIA MARCESCENS
STAPHYLOCOCCUS AUREUS
STAPHYLOCOCCUS EPIDERMIDIS
STAPHYLOCOCCUS HAEMOLYTICS/LUGDUNESIS
STRENOTROPHOMONAS MALTOPHILIA
STREPTOCOCCUS AGALACTIAE
STREPTOCOCCUS PNEUMONIAE
STREPTOCOCCUS PYOGENES
TRICHOPHYTON INTERDIGITALE/MENTAGROPHYTES
TRICHOPHYTON RUBRUM
TRICHOPHYTON SOUDANENSE
TRICHOPHYTON TERRESTRE
TRICHOSPORON MUCOIDES
VIBRIO POOL

## 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

## MOLECULAR PCR (STOOL)

☐ **C DIFFICILE (TOXIGENIC A/B)**

☐ **GI TRACT MICROBIOTA (STOOL)**

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