Test Requisition

Below is an example of our Test Requisition form. It asks important questions about patient health and well-being. Please encourage your patients to complete all sections on both sides of the form.

Side A

Section 1

Individual Information: name, address, phone, gender, date of birth etc.

Section 2

Current Menstrual Status (women): this is important for determination of the appropriate expected hormonal range.

Section 3

Symptoms: reported by patient. Symptom severity is key to evaluating patient hormonal health. A rating of 0 = none, 1 = mild, 2 = moderate, 3 = severe is reported in bar graph form on page two of the test report. This allows correlation of tested hormone levels with reported symptoms, thus providing a more comprehensive evaluation.

Section 3a

Basal Body Temperature: basal body temperature is optional and only requested when evaluating thyroid dysfunction.

Side B

Section 4

Hormone/Medication Use: prescribed dosage, and exact time of last dose are extremely important for accurate evaluation of test results.

Section 5

Sample Collection Date and Time: indicate the date(s) and time(s) that each sample was collected.

Section 6

Panels and Tests: indicate the individual hormone(s) and/or panel(s) to be tested by checking the appropriate box(es).

Section 7

Payment: indicates the Payment Option that you have chosen.

Section 8

Client Signature: for authorization and/or consent for laboratory testing.

Section 9

Health Provider Information: your name and address will print here.

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Test Requisition — ZRT Laboratory

1 Individual Information — Please print clearly, placing one capital letter in each cup. This will help us process your evaluation quickly. F I R S T N A M E

First Name: MI:
Last Name:
Address:
City: State: Zip:
Day Phone:
Email:
Gender: Female Male BirthDate: M M / D D / Y Y Height: Ft In Weight: L B S

2

2 Current Menstrual Status - Women Only

1st day of last menses: M M / D D / Y Y
Regular Cycles
Irregular Cycles
No Menstrual Cycles
Hysterectomy: No Yes Year: Y Y
Ovaries Removed: No One Both Year: Y Y
Currently Pregnant: No Yes
If currently pregnant, list the month of pregnancy:

3

3 Symptoms — Please use the symptoms for your gender. Indicate the symptoms you are experiencing as: 0 (none), 1 (mild), 2 (moderate), or 3 (severe). For example, if you are moderately stressed you would indicate this by darkening the 2 next to 'Stress':

For Women

Hot Flashes, Foggy Thinking, Heart Palpitations, Aches and Pains, Allergies, Sugar Craving, Loss Scalp Hair, Tender Breasts, Anxious, Weight Gain - Hips, High Cholesterol, Hair Dry or Brittle, Constipation, Hoarseness, Low Blood Pressure, Night Sweats, Memory Lapse, Bone Loss, Fibromyalgia, Sensitivity To Chemicals, Elevated Triglycerides, Increase Facial or Body Hair, Bleeding Changes, Water Retention, Decreased Stamina, Swelling or Puffy Eyes, Face, Nails Breaking or Brittle, Rapid Heartbeat, Increased Urinary Urge, Numbness - Feet or Hands, Vaginal Dryness, Tearful, Sleep Disturbed, Morning Fatigue, Stress, Weight Gain - Waist, Acne, Nervous, Fibrocystic Breasts, Decreased Muscle Size, Slow Pulse Rate, Thinning Skin, Hearing Loss, Low Blood Sugar, Other, Incontinence, Depressed, Headaches, Evening Fatigue, Cold Body Temperature, Decreased Libido, Mood Swings, Irritable, Uterine Fibroids, Rapid Aging, Decreased Sweating, Infertility Problems, Goiter, High Blood Pressure

For Men

Burned Out Feeling, Decreased Mental Sharpness, Nervous, Decreased Stamina, Decreased Flexibility, Elevated Triglycerides, Headaches, Sensitivity To Chemicals, Decreased Urine Flow, Bone Loss, Swelling or Puffy Eyes, Face, Nails Breaking or Brittle, Rapid Heartbeat, Low Blood Sugar, Oily Skin or Hair, Apathy, Depressed, Anxious, Decreased Muscle Size, Neck or Back Pain, Sugar Craving, Ringing In Ears, Decreased Erections, Increased Urinary Urge, Stress, Slow Pulse Rate, Thinning Skin, Hearing Loss, High Blood Pressure, Acne, Difficulty Sleeping, Mental Fatigue, Morning Fatigue, Sore Muscles, Weight Gain - Breast or Hips, Heart Palpitations, Cold Body Temperature, Decreased Libido, Hot Flashes, Rapid Aging, Decreased Sweating, Infertility Problems, Goiter, Low Blood Pressure, Aggressive Behavior, Increased Forgetfulness, Irritable, Evening Fatigue, Increased Joint Pain, Weight Gain - Waist, Dizzy Spells, Allergies, Prostate Problems, Night Sweats, High Cholesterol, Hair Dry or Brittle, Constipation, Hoarseness, Numbness - Feet or Hands, Other

3a

3a Basal Body Temperature — See website for instructions. Day 1 Day 2 Day 3

Please continue on the other side. (We need just a little more information and your signature too.)

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4 Hormone/Medication Use — Please list any hormone(s) you have used in the past two months. Attach separate sheet if needed.

Hormone Type	Brand	Delivery	Dosage	Last Used Date	Last Used Time	Times Per Day	How Long Used
Example: Progesterone	XYZ Cream	Topical	25 mg	7/5/05	8:30 pm	2	2yrs

Also list other medications or herbal supplements (black cohosh, etc.) you are taking that may affect hormone levels: (see our web site for detailed information)

5

5 Sample Collection Date and Time — Please list the date and time(s) you collected each sample.

Sample Collection Date (M M / D D / Y Y); Morning Saliva Collection Time; Noon Saliva Collection Time; Evening Saliva Collection Time; Night Saliva Collection Time; Blood Spot Collection Time

6

6 Panels and Tests — Please fill the oval for the panel(s) or individual test(s). If you select individual tests in addition to panels, please do not duplicate tests that are in a panel you have already selected.

Combination (Saliva and Blood Spot) Panels
- Comprehensive Hormone Profile — Saliva: E2, Pg, T, DHEAS, C4x Blood Spot: FT3, FT4, TSH, TPO
- Custom Hormone Profile — (Please select individual saliva and blood spot tests.)

Saliva Panels
- AM/PM Cortisol — C1, C4
- Diurnal Cortisol — C1-4
- Adrenal Function Test — C1-4, DS
- Hormone Profile I — E2, Pg, T, DS, C1
- Hormone Profile II — E2, Pg, T, DS, C1, C4
- Hormone Profile III — E2, Pg, T, DS, C1-4

Individual Saliva Tests
- Estradiol (E2), Progesterone (Pg), Estriol (E3), Estrone (E1), Testosterone (T)
- DHEAS (DS), Cortisol Morning (C), Cortisol Noon (C2), Cortisol Evening (C3), Cortisol Night (C4)

Blood Spot Panels
- Complete Thyroid Profile — TSH, FT3, FT4, TPO
- Male Hormone Profile I — PSA, SHBG, T
- Male Hormone Profile II — PSA, SHBG, T, IGF1

Individual Blood Spot Tests
- IGF-1, Free T4, Free T3, TSH, TPO, LH
- FSH, PSA, SHBG, Testosterone, Total (T), Insulin, Fasting

7

7 Payment — Select only one form of payment.

Check # Amount $ Credit Card (Please complete the enclosed authorization form) Send insurance receipt. Bill Insurance - Selected Carriers Only (Please complete the enclosed authorization form)

8 & 9

8 Client Signature (Must be 18 years or older or Guardian of Minor)

X

My signature indicates my request, authorization and/or consent for laboratory testing. I understand that test results are strictly informational. ZRT Physician's review of my test requests and results does not represent diagnosis or treatment. I am responsible for contacting my personal health care provider for follow-up and interpretation of my test results.

9 Health Provider Information

Getuwell Clinic
1234 Any Street
Anytown, OR 00000

Diag. Codes

For Laboratory Use Only

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