Understanding the Test Requisition

LABORATORY TESTING MADE SIMPLE
(503) 466-2445 | info@zrtlab.com | www.zrtlab.com
ZRT Laboratory

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

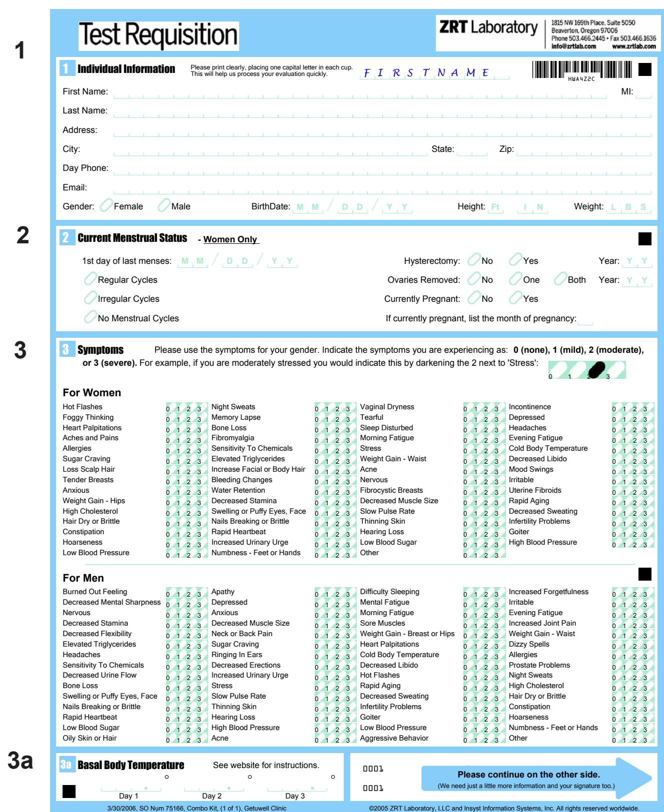
Section 1
Individual Information: name, address, phone, gender, date of birth etc.

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.

1 2 3 3a



Test Requisition

ZRT Laboratory | 1815 NW 169th Place, Suite 5050, Beaverton, Oregon 97006, Phone 503.466.2445 • Fax 503.466.1636, info@zrtlab.com, www.zrtlab.com

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

HWA4Z2C

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

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 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': 0 1 2 3

For Women (each rated 0 1 2 3)

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

For Men (each rated 0 1 2 3)

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

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

0001
0001

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

3/30/2006, SO Num 75166, Combo Kit, (1 of 1), Getuwell Clinic

©2005 ZRT Laboratory, LLC and Insyst Information Systems, Inc. All rights reserved worldwide.

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.

4

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

0001 0002

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.

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

6

6 Panels and Tests Please fill the oval for the panels(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		Individual Saliva Tests	
AM/PM Cortisol	C1, C4	Estradiol (E2)	DHEAS (DS)
Diurnal Cortisol	C1-4	Progesterone (Pg)	Cortisol Morning (C)
Adrenal Function Test	C1-4, DS	Estriol (E3)	Cortisol Noon (C2)
Hormone Profile I	E2, Pg, T, DS, C1	Estrone (E1)	Cortisol Evening (C3)
Hormone Profile II	E2, Pg, T, DS, C1, C4	Testosterone (T)	Cortisol Night (C4)
Hormone Profile III	E2, Pg, T, DS, C1-4		

Blood Spot Panels		Individual Blood Spot Tests	
Complete Thyroid Profile	TSH, FT3, FT4, TPO	IGF-1	FSH
Male Hormone Profile I	PSA, SHBG, T	Free T4	PSA
Male Hormone Profile II	PSA, SHBG, T, IGF1	Free T3	SHBG
		TSH	Testosterone, Total (T)
		TPO	Insulin, Fasting
		LH	

116389884

7

7 Payment Select only one form of payment.

Check #
Amount $ $ $ $. 0 0
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

For Laboratory Use Only

3/30/2006, SO Num 75166, Combo Kit, (1 of 1), Getuwell Clinic

Diag. Codes

Copyright © 2011 ZRT Laboratory, LLC. All rights reserved.