



Great Plains Lab Test Instructions for the Mycotox Profile test

What you should receive:

1. Pre-paid FedEx envelope to send the lab test back. Please take note of the shipping/tracking number if you would like to track the package and make sure the lab receives your samples.
2. Instructions on how to conduct the test.
3. Sample collection container.

What you need to do to complete the Organic Acid test:

1. Please fill out the attached requisition form with all the required information.
2. You MUST include the date and time the sample was taken.
3. Please discard the blank requisition form that came with the kit. Replace with the completed requisition form in the current document.
4. Take 8 pumps (400mg) of glutathione per day for at least 1 week before the test. (Some people have very poor glutathione/detoxification pathways. And if they can't push the mold out in the urine, the urine test gives a false negative.)
5. Avoid binders such as charcoal or bentonite clay for 72 hours before the test.
6. Follow the instruction in the lab kit regarding the urine collection.
7. Double check that the completed requisition form has been included before shipping.

What you need to do next:

1. Dr Justin will go over your lab results with you as soon as they are in. We typically receive results within 2-3 weeks.
2. Make sure you have an appointment scheduled with Dr Justin to review the results.
3. If you have any questions, please call Customer Service at 913-341-8949 or email CustomerService@gp-labs.com



The Great Plains Laboratory, Inc.

Help us expedite your test(s) at www.gpltestinfo.com. Reference #: _____

Information in red is required to process sample.

Test Requisition Form

Must fill out test orders on the reverse side

Patient Information (please print clearly)

First Name	Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)	Age	Weight
Address		City	State (NY not accepted)	Zip Code	Country
Phone	Email				

Our laboratory does NOT accept specimens from patients who reside in or practitioners who practice in the state of New York.

Practitioner Information (signature required to process sample)

First Name	Last Name	Credentials
Institution	Phone	Fax
Address	City	State (NY not accepted)
	Zip Code	Country
Email	NPI	
Signature	<input type="checkbox"/> Practitioner Signature on File	Carevoyant ID (GPL Account Number)

Method of Payment

- ☐ **Bill Practitioner** Practitioner's Name: _____
Unavailable for practitioners that reside in the states of New Jersey, Rhode Island and New York.
- ☐ **Bill Insurance** Non-Contracted insurance plans must enclose 50% insurance pre-payment (see price list).
Refer to Insurance Overview to determine whether you have a contracted or non-contracted insurance plan.
For questions, call 913-754-0459. Complete payment information below for Insurance Pre-Payment.

Patient Pay (select payment method below)

- ☐ Pay online at www.greatplainslaboratory.com/payments Transaction ID# _____
- ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover ☐ Money Order Amount \$ _____
- Card # _____ Exp. Date _____ Security Code _____
- Name on Card _____ Signature _____

ICD-10 Codes

Required for insurance:

- 1 - _____
- 2 - _____
- 3 - _____
- 4 - _____
- 5 - _____

Internal Use Only:

Person Responsible for Charges

☒ Same as patient

First Name	Last Name	Home Phone
Email	Cell Phone	
Address	City	State/Province
	Zip Code	Country

Primary Insurance (include photocopy of both sides of insurance card)

For Medicare and Medicare Advantage, Advance Beneficiary Notice of Noncoverage (ABN) Form must be completed.

Company & Plan Name (ex. BCBS of Kansas City)	Company & Plan Name (ex. BCBS of Kansas City)
Insurance Company Address	Insurance Company Address
Insurance Company Phone (required)	Insurance Company Phone (required)
Name of Insured <input type="checkbox"/> Male <input type="checkbox"/> Female	Name of Insured <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth of Insured (MM/DD/YYYY)	Date of Birth of Insured (MM/DD/YYYY)
Patient Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Patient Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other
Subscriber Number	Subscriber Number
Group Number	Group Number

Authorization of Testing, Acknowledgement of Insurance Procedures and Agreement to Cancellation Policy

I authorize and request payment of medical benefits be made directly to The Great Plains Laboratory, Inc. (GPL) for the requested lab work. I authorize the release of any medical information necessary to process this claim. I understand that any reimbursement checks and explanation of benefits (EOBs) received by the patient must be submitted to GPL. I understand that certain tests are not billable to insurance (self-pay tests) and may not be covered by my insurance plan. Person responsible for charges authorizes GPL to process payment in full for these tests. I agree to be fully responsible for any portion of the claim not covered by my insurance and make payment within 30 days. I understand that a service charge of 1.5% per month may be charged on balances over 30 days. I permit a copy of this to be used in place of the original. Cancellation Policy: I have reviewed and agree to the cancellation policy located at www.greatplainslaboratory.com/cancellation-policy.

Patient/Guarantor Signature _____ Date (MM/DD/YYYY) _____



Specimen date and time of collection

URINE Collection Date (MM/DD/YYYY): _____

BLOOD Collection Date (MM/DD/YYYY): _____

STOOL 1 Collection Date (MM/DD/YYYY): _____ Collection Time: _____ ☐ AM ☐ PM

STOOL 2 Collection Date (MM/DD/YYYY): _____ Collection Time: _____ ☐ AM ☐ PM

SALIVA Collection Date (MM/DD/YYYY): _____

HAIR Collection Date (MM/DD/YYYY): _____

Dried Blood Spot (DBS) Collection Date (MM/DD/YYYY): _____

HORMONES TEST ONLY

Collection Date (MM/DD/YYYY): _____ Collection Time: Morning _____ Noon _____ Evening _____ Night _____

Sample frozen? ☐ Yes ☐ No

Check any applicable: ☐ Hysterectomy ☐ Ovaries removed First Day of Last Menstrual Period (MM/DD/YYYY): _____

Has urine been frozen? ☐ Yes ☐ No

Date of collection required for ALL specimen types.

Time of collection required for stool and hormone samples.

STOP

Urine

- ☐ Organic Acids Test (OAT) (76)
- ☐ MycoTOX Profile* (Mold Exposure) (11)
 - ☐ Check if patient is taking mycophenolate mofetil (CellCept/Myfortic)
- ☐ Glyphosate Test*
- ☐ GPL-TOX Profile* (173 Toxic Non-Metal Chemicals) (18)
- ☐ Microbial Organic Acids Test* (MOAT) (21) (included in OAT)
- ☐ Amino Acids Test* (43) ☐ Random Collect ☐ 24 Hr Total vol _____ mL
- ☐ Calcium + Magnesium Test*
- ☐ Metals Urine Test (38) Select type of collection:
 - ☐ Random ☐ 24 Hour Total vol. _____ mL
 - ☐ Timed # of hrs _____ Total vol. _____ mL
 - ☐ Pre-Provoking ☐ Post-Provoking agent _____ Dosage _____

Stool

- ☐ Comprehensive Stool Analysis x2
- ☐ Metals Fecal Test (13)
 - ☐ Pre-Provoking ☐ Post-Provoking agent _____ Dosage _____
- Does patient have dental amalgams? ☐ No ☐ Yes – How many? _____
- ☐ Microbiology Test

Blood (Serum, RBC, Whole Blood)

- ☐ IgG Food MAP with *Candida* + Yeast (192) (Serum)
- ☐ Mold IgE Allergy Test (Serum)
- ☐ IgE Allergy Advanced Combined (93 foods & 69 inhalants) (Serum)
- ☐ IgE Food Allergy Basic Test (25) (Serum)
- ☐ IgE Food Allergy Advanced Test (93) (Serum)
- ☐ IgE Inhalant Allergy Basic Test (36) (Serum)
- ☐ IgE Inhalant Allergy Advanced Test (69) (Serum)
- ☐ Metals Test: ☐ Whole Blood (20) ☐ Red Blood Cell (18)
- ☐ Advanced Cholesterol Profile (Serum)
- ☐ Amino Acids Plasma Test* (43) (requires overnight fast)
- ☐ Copper + Zinc Profile (Serum)
- ☐ Dipeptidyl Peptidase IV (DPP-IV) Test* (Serum)
- ☐ Homocysteine Test* (Serum)
- ☐ Iron + Total Iron-Binding Capacity Test (TIBC)* (Serum)
- ☐ Streptococcus Antibodies Profile (Serum)
- ☐ Vitamin D Test (Serum)

Hair

- ☐ Metals Hair Test (39)

Combo and Test Panels

Extra charges may apply for combos/panels that DO NOT arrive in same FedEx bag.

- ☐ **Autism Panel** (Adv. Cholesterol, Comp Stool Analysis, Glyphosate*, GPL-TOX*, IgG Food MAP, Metals Hair, OAT, Omega-3 Index Complete*)
- ☐ **ADHD Panel** (Organic Acids, GPL-TOX*, Glyphosate*, IgG Food MAP, Metals Hair, Omega-3*)
- ☐ **ENVIROtox Panel** (GPL-TOX*, OAT, Glyphosate*)
- ☐ **ENVIROtox Complete Panel** (ENVIROtox Panel + MycoTOX*)
 - ☐ Check if patient is taking mycophenolate mofetil (CellCept/Myfortic)
- ☐ **Fibromyalgia Panel** (OAT, GPL-TOX*, Glyphosate*, IgG Food MAP, Metals Hair, Omega-3*)
- ☐ **Functional Allergy and Nutrition Panel (FAN)** (IgG Food MAP – Serum, Iron + Total Iron-Binding Capacity (TIBC)*, DPP-IV*, Homocysteine*)
- ☐ **GPL Basic DBS** (OAT, GPL-TOX*, Glyphosate*, IgG Food MAP, Metals Hair, Omega-3*)
- ☐ **GPL Basic Serum** (OAT, GPL-TOX*, Glyphosate*, IgG Food MAP, Metals RBC)
- ☐ **GPL Complete** (OAT, GPL-TOX*, Glyphosate*, IgG Food MAP, Cholesterol, Comp Stool, Copper + Zinc, Ferritin, Metals Hair, Vitamin D)
- ☐ **GPL3 – DBS** (OAT, Metals Hair, IgG Food)
- ☐ **GPL3 – Serum** (OAT, Metals RBC, IgG Food)
- ☐ **Mental Health Panel** (OAT, GPL-TOX*, Glyphosate*, IgG Food, Amino Acids Plasma, Metals Hair, Omega-3*)
- ☐ **Mold IgE Allergy Test + MycoTOX Combo**

Dried Blood Spot

- ☐ IgG Food MAP with *Candida* + Yeast (192)
- ☐ Omega-3 Index Complete* (DBS One-Spot Card)
- ☐ Vitamin D Test

Saliva

- ☐ DNA Methylation Pathway Profile* (requires Informed Consent form)
- ☐ Hormones Comprehensive Plus Panel
Estrone, Estradiol, Estriol, Progesterone, Testosterone, DHEA, 4x Cortisol
- ☐ Hormones Comprehensive Panel
Estradiol, Progesterone, Testosterone, DHEA, 4x Cortisol

Other

☐ _____

May we use your test data for research purposes?

☐ Yes ☐ No NO IDENTIFYING INFORMATION WILL BE RELEASED

If yes, please check boxes applicable to this patient.

- ☐ ADD/ADHD ☐ Alzheimer's ☐ Asperger's
- ☐ Autism Spectrum Disorders ☐ Chronic fatigue ☐ Colitis
- ☐ Crohn's disease ☐ Depression ☐ Down syndrome
- ☐ Fibromyalgia ☐ Irritable bowel ☐ Multiple sclerosis ☐ OCD
- ☐ PDD ☐ Psychosis ☐ Schizophrenia ☐ Tourette's/Tics
- ☐ Other (please list): _____

Signature: _____

* denotes that the test is not billable to insurance



The Great Plains Laboratory, LLC

Mold IgE Allergy Test + MycotoX Profile Combo Instructions

11813 West 77th Street, Lenexa, KS 66214 | (913) 341-8949 | Fax: (913) 341-6207 | GP-Labs.com

Before You Begin

1. Save the cardboard box and place the gel pack flat into the freezer (for at least 4 hours) to ship the sample back to us.
2. Collections should be shipped off to the lab **Monday through Thursday**.
3. Please check the expiration date on all vials. If any have expired, call 913-341-8949 for replacement vials.
4. Fill out the Test Requisition Form (TRF) completely. Please print clearly. Include your physician or health care practitioner's approval in the space provided on the Test Requisition Form. A physician authorization can be attached to the requisition.
5. Review the collection instructions for your test panel on the following pages prior to collecting any specimens.
6. Urine collections are not time-sensitive, however the urine sample must be frozen if not shipped the same day.
7. If you have any questions, please call Customer Service at 913-341-8949 or email CustomerService@gp-labs.com.

Urine Collection Instructions for *MycotoX Profile*

1. Please follow the specimen requirements below.
2. Print the patient's full name, time and collection date on the side of the urine cup.
3. Only use containers supplied by GPL to avoid contamination of specimens.
4. Females, please do not collect samples during menstrual cycle.
5. Limit liquid intake starting at 6pm the night prior to collection to avoid sample dilution. Urine must be yellow in color. If the urine is clear, the sample is too diluted. Discard the diluted sample, rinse the collection cup in hot water only (no soap), air dry, then re-collect.
6. After collection, freeze sample for a minimum of 4 hours.
7. Place the urine cup into the biohazard zip-lock bag along with the absorbent packing sheet.
8. Place the frozen gel pack and urine sample into the silver thermobag and place in the cardboard box.



Urine Testing Requirements

Test	Minimum	Items to Discontinue	Urine Collection	After Collection
MycotoX Profile	10 mL Urine	<p>Fasting for 12 hours may increase the excretion of mycotoxins from the adipose tissue. (Not required)</p> <p>Avoid glutathione and binders such as charcoal or bentonite clay for 72 hours.</p> <p>Patients taking mycophenolate mofetil (CellCept/Myfortic) will not get an accurate value for the marker Mycophenolic Acid (all other markers will report adequately). If you are taking this drug, please check the box on the Test Requisition Form by the test selection for MycotoX Profile to inform laboratory personnel and help prevent sample errors.</p>	<p>Collect the first morning urine in the collection cup provided.</p> <p>Collecting sample prior to eating or drinking is preferred.</p>	<p>Screw lid on tightly.</p> <p>Freeze urine specimen for a minimum of 4 hours before shipping. Keep in freezer until ready to ship. Ship with frozen gel pack.</p>

Instructions continue on the reverse side

Mold IgE Allergy Test + MycotoX Profile Combo Collection Instructions 8-15-2022


Serum Collection Instructions for *Mold IgE Allergy Test*

1. Review the instructions in the Specimen Requirements table below.
2. Please check the expiration date on all vials. If any have expired, call 913-341-8949 for replacement vials.
3. Call your phlebotomist and make an appointment for a morning blood draw.
4. Hydrate 24 to 48 hours prior to your appointment.
5. Take the kit, including all collected specimens, frozen gel pack, and instructions to your appointment.
6. After collections, place frozen vial(s) into the vial sleeve(s) and seal if applicable. Place vial sleeve(s) into the biohazard zip-lock bag. Insert the absorbent sheet (and the frozen gel pack if applicable), and close.
7. Place sealed biohazard zip-lock specimen pouch into the cardboard box.

Instructions for Phlebotomist

1. Label vial(s) with type of test, patient's full name, birth date, time of collection, and date.
2. Collect blood according to the Specimen Requirements table below and follow the Phlebotomy Instructions included in the Specimen Requirements table.
3. Prepare the sample for shipping. **Samples must be shipped within 24-48 hours after collection.**

Specimen Requirements

Panel Name	Vial Requirements	Phlebotomy Instructions
IgE Mold Allergy + MycoTOX Profile	1 Gold SST Vial – No Additive 2 mL Serum frozen 	Hydrate 24-48 hours prior to collection. Allow blood to clot at room temperature, upright for 15-30 minutes. Centrifuge for 15 minutes at 1500g. Separate the serum from the cells. Decant or pipette serum into the 5mL plastic transport vials provided and cap tightly. Freeze sample if not shipping on the day of collection.

Preparing and Shipping Specimens

1. Place all samples (urine and blood) into cardboard boxes. All samples must be inside the cardboard boxes, otherwise shipment will be rejected by UPS.
2. Fold and place completed Test Requisition Form in the box and close the lid. Place the box(s) in the UPS Laboratory Pak and seal using the adhesive strip.
3. Please take note of the shipping/tracking number if you would like to track the package.
4. For best results, samples should be taken to your local UPS location (preferably toward end of the day to ensure sample(s) remain frozen during transit). To find your closest UPS Store location and hours visit www.ups.com/dropoff. Alternatively, you may call for a UPS pickup at 1 (800) 742-5877 and advise them you need to schedule a pick-up using a return label. Do not put kit(s) in a UPS drop box due to extended periods of time in a drop box can lead to errors in test results.
5. PLEASE DO NOT ISSUE DIRECT PAYMENT TO UPS for the shipment. If UPS attempts to bill you for shipping costs, please contact our staff for assistance at 913-341-8949. The Great Plains Laboratory is unable to reimburse shipping charges in cases where UPS is paid directly.