Test Requisition

Nordic Laboratories

1 Individual Information

Please print clearly, placing one capital letter in each cup. This will help us process your evaluation quickly.

First Name:

Last Name:

Gender: ○ Female ○ Male Birth Date: M M / D D / Y Y Height: F I N Weight: L B S Waist Size: I N

2 Current Menstrual Status (Women Only)

First 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 # of Months

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 0 1 2 3	Night Sweats 0 1 2 3	Vaginal Dryness 0 1 2 3	Incontinence 0 1 2 3
Foggy Thinking 0 1 2 3	Memory Lapse 0 1 2 3	Tearful 0 1 2 3	Depressed 0 1 2 3
Heart Palpitations 0 1 2 3	Bone Loss 0 1 2 3	Sleep Disturbed 0 1 2 3	Headaches 0 1 2 3
Aches and Pains 0 1 2 3	Fibromyalgia 0 1 2 3	Morning Fatigue 0 1 2 3	Evening Fatigue 0 1 2 3
Allergies 0 1 2 3	Sensitivity To Chemicals 0 1 2 3	Stress 0 1 2 3	Cold Body Temperature 0 1 2 3
Sugar Craving 0 1 2 3	Elevated Triglycerides 0 1 2 3	Weight Gain - Waist 0 1 2 3	Decreased Libido 0 1 2 3
Loss Scalp Hair 0 1 2 3	Increased Facial or Body Hair 0 1 2 3	Acne 0 1 2 3	Mood Swings 0 1 2 3
Tender Breasts 0 1 2 3	Bleeding Changes 0 1 2 3	Nervous 0 1 2 3	Irritable 0 1 2 3
Anxious 0 1 2 3	Water Retention 0 1 2 3	Fibrocystic Breasts 0 1 2 3	Uterine Fibroids 0 1 2 3
Weight Gain - Hips 0 1 2 3	Decreased Stamina 0 1 2 3	Decreased Muscle Size 0 1 2 3	Rapid Aging 0 1 2 3
High Cholesterol 0 1 2 3	Swelling or Puffy Eyes/Face 0 1 2 3	Slow Pulse Rate 0 1 2 3	Decreased Sweating 0 1 2 3
Hair Dry or Brittle 0 1 2 3	Nails Breaking or Brittle 0 1 2 3	Thinning Skin 0 1 2 3	Infertility Problems 0 1 2 3
Constipation 0 1 2 3	Rapid Heartbeat 0 1 2 3	Hearing Loss 0 1 2 3	Goiter 0 1 2 3
Hoarseness 0 1 2 3	Increased Urinary Urge 0 1 2 3	Low Blood Sugar 0 1 2 3	High Blood Pressure 0 1 2 3
Low Blood Pressure 0 1 2 3	Numbness - Feet or Hands 0 1 2 3	Breast Cancer 0 1 2 3	Developmental Delays 0 1 2 3
Mania 0 1 2 3	Eating Disorders 0 1 2 3	Addictive Behaviors 0 1 2 3	Panic Attacks 0 1 2 3
Autism Spectrum Disorder 0 1 2 3	OCD 0 1 2 3	ADD/ADHD 0 1 2 3	PreMenstrual Dysphoric Disorder 0 1 2 3

For Men

Burned Out Feeling 0 1 2 3	Apathy 0 1 2 3	Difficulty Sleeping 0 1 2 3	Increased Forgetfulness 0 1 2 3
Decreased Mental Sharpness 0 1 2 3	Depressed 0 1 2 3	Mental Fatigue 0 1 2 3	Irritable 0 1 2 3
Nervous 0 1 2 3	Anxious 0 1 2 3	Morning Fatigue 0 1 2 3	Evening Fatigue 0 1 2 3
Decreased Stamina 0 1 2 3	Decreased Muscle Size 0 1 2 3	Sore Muscles 0 1 2 3	Increased Joint Pain 0 1 2 3
Decreased Flexibility 0 1 2 3	Neck or Back Pain 0 1 2 3	Weight Gain - Breast or Hips 0 1 2 3	Weight Gain - Waist 0 1 2 3
Elevated Triglycerides 0 1 2 3	Sugar Craving 0 1 2 3	Heart Palpitations 0 1 2 3	Dizzy Spells 0 1 2 3
Headaches 0 1 2 3	Ringing In Ears 0 1 2 3	Cold Body Temperature 0 1 2 3	Allergies 0 1 2 3
Sensitivity To Chemicals 0 1 2 3	Decreased Erections 0 1 2 3	Decreased Libido 0 1 2 3	Prostate Problems 0 1 2 3
Decreased Urine Flow 0 1 2 3	Increased Urinary Urge 0 1 2 3	Hot Flashes 0 1 2 3	Night Sweats 0 1 2 3
Bone Loss 0 1 2 3	Stress 0 1 2 3	Rapid Aging 0 1 2 3	High Cholesterol 0 1 2 3
Swelling or Puffy Eyes/Face 0 1 2 3	Slow Pulse Rate 0 1 2 3	Decreased Sweating 0 1 2 3	Hair Dry or Brittle 0 1 2 3
Nails Breaking or Brittle 0 1 2 3	Thinning Skin 0 1 2 3	Infertility Problems 0 1 2 3	Constipation 0 1 2 3
Rapid Heartbeat 0 1 2 3	Hearing Loss 0 1 2 3	Goiter 0 1 2 3	Hoarseness 0 1 2 3
Low Blood Sugar 0 1 2 3	High Blood Pressure 0 1 2 3	Low Blood Pressure 0 1 2 3	Numbness - Feet or Hands 0 1 2 3
Oily Skin or Hair 0 1 2 3	Acne 0 1 2 3	Aggressive Behavior 0 1 2 3	Prostate Cancer 0 1 2 3
Developmental Delays 0 1 2 3	Mania 0 1 2 3	Eating Disorders 0 1 2 3	Addictive Behaviors 0 1 2 3
Panic Attacks 0 1 2 3	Autism Spectrum Disorder 0 1 2 3	OCD 0 1 2 3	ADD/ADHD 0 1 2 3

3a Basal Body Temperature and Hours Fasting

° Day 1 ° Day 2 ° Day 3 Hours Fasting

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

4 Hormone/Medication Use

Please list any hormones/medications/supplements used in the past two months.
Attach a separate sheet or photocopy of prescriptions if needed.

Type	Brand	Delivery	Dosage	Last Used Date	Last Used Time	Times Per Day	How Long Used
Example: Progesterone	XYZ Cream	Topical	25 mg	mm/dd/yy	8:30 pm	2	2 yrs

5 Sample Collection Date and Time(s)

Saliva Collection Date

Morning Noon Evening Night

Blood Spot Collection Date

Time

Urine Collection Date

1st Morning Night

6 Panels and Tests

Please fill the oval for the panel(s) or individual test(s). If you selected individual tests in addition to panels, please do not duplicate tests that are in a panel you have already selected.
NOTE: Only tests marked (*) are available to NY residents.

Combo Panels

Nordic Custom CMP2	Saliva: Cx4 Blood Spot: E2, T, SHBG, DS, PSA, Tgbn, T4, FT4, FT3, TSH, TPOab, LH, FSH, IGF1, IN, hsCRP, HbA1c, TG, CH, HDL, D2, D3
Comprehensive Female Profile I	Saliva: E2, Pg, T, DS, Cx4 Blood Spot: FT4, FT3, TSH, TPOab
Comprehensive Female Profile II	Saliva: Cx4 Blood Spot: E2, Pg, T, SHBG, DS, FT4, FT3, TSH, TPOab
Comprehensive Male Profile I	Saliva: E2, T, DS, Cx4 Blood Spot: PSA, FT4, FT3, TSH, TPOab
Comprehensive Male Profile II	Saliva: Cx4 Blood Spot: E2, T, SHBG, DS, PSA, FT4, FT3, TSH, TPOab

DO NOT COMPLETE SECTION 6
(For Laboratory use only)

Saliva Panels

Female/Male Saliva Profile I *	E2, Pg, T, DS, C
Female/Male Saliva Profile II *	E2, Pg, T, DS, Cx2
Female/Male Saliva Profile III *	E2, Pg, T, DS, Cx4
Adrenal Stress Profile *	DS, Cx4
Hormone Trio - Saliva *	E2, Pg, T
Diurnal Cortisol *	Cx4

Saliva Tests

Estradiol (E2) *	DHEAS (DS) *	Estriol (E3)
Progesterone (Pg) *	Cortisol (C) *	
Testosterone (T) *	Estrone (E1)	

Blood Spot Panels

CardioMetabolic Profile	IN, hsCRP, HbA1c, TG, CH, HDL
Essential Thyroid Profile	FT4, FT3, TSH, TPOab
Female Blood Profile I	E2, Pg, T, SHBG, DS, C
Female Blood Profile II	E2, Pg, T, SHBG, DS, C, FT4, FT3, TSH, TPOab
Male Blood Profile I	E2, T, SHBG, DS, C, PSA
Male Blood Profile II	E2, T, SHBG, DS, C, PSA, FT4, FT3, TSH, TPOab
Hormone Trio - Blood	E2, Pg, T
Vitamin D, 25-OH, Total *	D2, D3
Elements - Blood Spot Profile	Zn, Cu, Mg, Se, Cd, Pb, Hg

Blood Spot Tests

Estradiol, Total	Thyroglobulin	FSH
Progesterone (Pg)	Total T4	IGF-1
Testosterone, Total	Free T4	Insulin, Fasting
DHEAS (DS)	Free T3	hsCRP
Cortisol, Total	TSH	Hemoglobin A1c
SHBG	TPOab	Triglycerides (TG)
PSA	LH	

Combo Panels

Comprehensive Thyroid Profile	Blood Spot: Tgbn, T4, FT4, FT3, TSH, TPOab Urine: I, Br, Se, Li, As, Cd, Hg, Cr
Comprehensive Metals & Nutrients Profile	Blood Spot: Zn, Cu, Mg, Se, Cd, Pb, Hg Urine: I, Br, Se, Li, As, Cd, Hg, Cr

Urine Panels

Iodine	I, Cr
Metals & Nutrients Profile - Urine	I, Br, Se, Li, As, Cd, Hg, Cr

7 Payment

ZRT Bills Ordering Health Provider

8 Health Provider Information

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DENMARK

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Diagnosis Codes