



New Client Information Form

Fax to 913-324-5262

New Client Update to Existing Client

First Name _____ Last Name _____ Credentials _____ Date _____

Clinic Name _____ Address _____

City _____ State _____ Zip Code _____ Country _____

Phone _____ Fax _____ E-mail _____

Website _____

Physician I.D. # (Medicare/Govt.) _____ Practice Emphasis _____

How did you hear about us? (Please check all that apply)

- Conference / Event Name: _____
- E-mail / Mailing from GPL
- Referred by (please specify): _____
- Magazine Advertisement (please specify): _____
- Web Search
- Other (please specify): _____

I. REPORTING & CONSULTATIONS

A. Patient reporting:

- Do **not** send reports to my patients Please send reports to my patients (patients will receive results via e-mail, if provided)

B. GPL always reports results to physicians. Please select one of the following options to receive patient results:

- Postal mail Fax Results online – E-mail _____
- Username & password will be provided via e-mail

C. GPL provides complimentary consultations for both patients and physicians.

If you do not want your patients to receive these consultations check here

II. BILLING (Please select from one of the following options)

- My patients will pay your laboratory directly.
- I authorize The Great Plains Laboratory, Inc. to automatically charge the monthly charges made by my patients using the following credit card.
 Credit Card #: _____ Visa MasterCard American Express Discover
 Exp. Date: _____ Name on Card: _____
 Signature: _____
 I authorize The Great Plains Laboratory, Inc. to automatically charge my credit or debit card for all tests performed by my patients.

- Bill me monthly for test(s) performed for my patients. I will make payment arrangements when I receive the bill by check, wire transfer, or credit card, when billed.

Please complete the Credit Information section on page 3.

Contact Person: _____ Phone/Ext.: _____



The Great Plains Laboratory, Inc.

William Shaw, Ph.D., Director

11813 West 77th Street, Lenexa, KS 66214

(913) 341-8949

Kit Order Form

Fax to 913-324-5262

Name _____	Phone _____
Clinic Name _____	E-mail _____

# of Kits	Tests Kits	# of Kits	Test Kits
URINE		BLOOD	
	Amino Acids Urine Test - Random Collection Gluten / Casein Peptides Test Metals Urine Test - Random Collection Microbial Organic Acids Test (MOAT) Organic Acids Test (OAT) Uric Acid Test - Random Collection		Advanced Cholesterol Test C-Reactive Protein Test (hs-CRP) Celiac Disease Test Comprehensive Fatty Acids Test <i>(available in the US & Canada only)</i> IgG Food Allergy Test w/ <i>Candida</i> - Serum Prealbumin Test Streptococcus Antibodies Profile Vitamin D Test
	Amino Acids Urine Test - 24 Hr Collection Metals Urine Test - 24 Hr or Timed Collection Uric Acid Test - 24 Hr Collection		Ceruloplasmin Test Copper / Zinc Profile Glutathione Test <i>(available in the US & Canada only)</i>
	Kryptopyrrole Test <i>(available in the US only)</i>		Amino Acids Plasma Test <i>(available in the US only)</i>
	Porphyrins Test		IgE Allergy Advanced Combined Test
STOOL			IgE Food Allergy Basic Test IgE Inhalant Allergy Basic Test
	Comprehensive Stool Analysis		IgE Food Allergy Advanced Test IgE Inhalant Allergy Advanced Test
	Metals Fecal Test		IgG Food Allergy Test w/ <i>Candida</i> - Dried Blood Spot (DBS)
	Yeast Culture w/ Sensitivity Test		Immune Deficiency Profile
COMBO KITS			Metals Red Blood Cell Test
	MOAT + Yeast Culture w/ Sensitivity Test Combo		Metals Whole Blood Test
	OAT + Amino Acids Urine Test Combo <input type="checkbox"/> Random <input type="checkbox"/> 24 Hr.		
	OAT + IgG Food Allergy Test w/ <i>Candida</i> - DBS Combo		
	OAT + IgG Food Allergy Test w/ <i>Candida</i> - Serum Combo		
	OAT + Yeast Culture w/ Sensitivity Test Combo		
OTHER		HAIR	
	GPL Information Guides		Metals Hair Test
	Patient Packets: <input type="checkbox"/> U.S. <input type="checkbox"/> Canada <input type="checkbox"/> International		
	Pediatric Collection Bags		
COMPREHENSIVE TEST PANELS		BASIC TEST PANELS	
	Comprehensive Autism Panel		Basic Autism Panel
	Comprehensive AD(H)D Panel		Basic AD(H)D Panel
	Comprehensive Tourette's & Tics Panel		Basic Tourette's & Tics Panel
	Comprehensive Fibromyalgia & CFS Panel		Basic Fibromyalgia & CFS Panel
	Comprehensive Wellness Panel		Basic Wellness Panel
	Comprehensive Mental Health Panel		Basic Mental Health Panel

Internal Use Only:

Tests grouped together can be run from same kit.

Return form to The Great Plains Laboratory, Inc. booth or fax order to 913-324-5262.



III. CREDIT INFORMATION:

THE GREAT PLAINS LABORATORY, INC. CREDIT APPLICATION FORM PERMISSION FOR BACKGROUND CREDIT CHECKING

The Great Plains Laboratory, Inc. routinely performs background credit checking prior to entering any financial agreement. The Great Plains Laboratory has the right to investigate the customer's credit and financial records, to verify customer's credit references and to report customer's performance to this agreement to Credit Bureau of other interested parties. All of this information will remain confidential and the applicant will be given an opportunity to clarify or correct any derogatory information uncovered in the background credit check.

Signature: _____ **Date:** _____

Customer Information:

Full Legal Name/Business Entity			
Street Address	City	State	Zip Code
Billing Address (if different from above)	City	State	Zip Code
Accounts Payable Contact (Name/Phone#) () -			
Tax ID#			

Credit References: (We prefer other Laboratory Vendors)

1. Name	Phone#	Fax#	
Address	City	State	Zip Code
2. Name	Phone#	Fax#	
Address	City	State	Zip Code
3. Name	Phone#	Fax#	
Address	City	State	Zip Code

Bank Reference:

Name	Phone#	Fax#	
Address	City	State	Zip Code

- Your line of credit is \$3,000.
- The Great Plains Laboratory, Inc. has the right to investigate the customer's credit and financial records, to verify customer's credit references and to report customer's performance to this agreement to Credit Bureau of other interested parties.
- Payment is due within 30 days from invoice date. **A one and one half (1.5%) finance charge is due and payable on payments received more than 30 days after invoice date.**
- The Great Plains Laboratory, Inc. reserves the right to place accounts on a cash basis or to close the account without prior notification to the customer.

In the event of default, The Great Plains Laboratory, Inc. may charge the customer its reasonable cost including attorney's fees and collection costs.