

PRACTITIONER PRINTED NAME

LABORATORY USE

STP	DBS
BT	ST
U	US

VOL: _____

BILL: PCC MI

PATIENT	PATIENT LAST NAME <small>PLEASE PRINT CLEARLY</small>	FIRST NAME <small>PLEASE PRINT CLEARLY</small>	M.I.	SEX	DATE OF BIRTH <small>MM DD YYYY</small>	
	ADDRESS	CITY	STATE	ZIP		
	DAY PHONE	EVENING PHONE	EMAIL			

Bill Practitioner
 Payment by Practitioner
 Payment by Patient

CHECK NUMBER	AMOUNT (USD)
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CREDIT CARD NUMBER	CARD EXP. DATE <small>MM YY</small>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">AMOUNT (USD)</td> <td style="width: 50%; padding: 2px;">CARDHOLDER NAME <small>PLEASE PRINT CLEARLY</small></td> <td style="width: 30%; padding: 2px;"></td> </tr> </table>	AMOUNT (USD)	CARDHOLDER NAME <small>PLEASE PRINT CLEARLY</small>		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; padding: 2px;"> <div style="border-bottom: 1px solid red; margin-bottom: 5px;">X _____</div> <p style="text-align: center; font-size: 0.8em;">CARDHOLDER SIGNATURE</p> </td> </tr> </table>	<div style="border-bottom: 1px solid red; margin-bottom: 5px;">X _____</div> <p style="text-align: center; font-size: 0.8em;">CARDHOLDER SIGNATURE</p>
AMOUNT (USD)	CARDHOLDER NAME <small>PLEASE PRINT CLEARLY</small>				
<div style="border-bottom: 1px solid red; margin-bottom: 5px;">X _____</div> <p style="text-align: center; font-size: 0.8em;">CARDHOLDER SIGNATURE</p>					

We do not bill Insurance

SPECIMEN

DATE COLLECTED <small>MM DD YY</small>	TIME COLLECTED <small>HH : MM AM PM</small>	DATE SENT <small>MM DD YY</small>
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STORAGE PRIOR TO SHIPMENT

frozen
 refrigerated
 ambient temperature

Missing or incomplete information may delay test results. Insufficient specimen may result in the inability to complete testing for all panels ordered.

There is a \$15 administrative fee for submission of an unacceptable specimen or for cancelled tests that have not been processed.

Test orders cannot be cancelled once processed.

TEST MENU For combination panels that add up to 16 or fewer total blood spots, one completed blood spot card will be sufficient for testing.

IMMUNOLOGY - IgE	Sample Requirement:	Serum only
<input type="checkbox"/>	19 General Food + **Total IgE	3 ml
<input type="checkbox"/>	20 Inhalant + **Total IgE Region Specific (USA & Canada) Patient's zip code (Required): _____	3 ml
<input type="checkbox"/>	15 Mold Panel + **Total IgE	3 ml
<input type="checkbox"/>	**Total IgE	1 ml
**Total IgE measurement is unavailable for patients less than 10 years of age		

IMMUNOLOGY - IgG	Sample Requirement:	Blood Spot	or Serum
<input type="checkbox"/>	96 General Food	4	1 ml
<input type="checkbox"/>	96 Asian Food	6	1 ml
<input type="checkbox"/>	96 Japanese Food	6	1 ml
<input type="checkbox"/>	96 Mexican Food	6	1 ml
<input type="checkbox"/>	96 Vegetarian Food	6	1 ml
<input type="checkbox"/>	140 Food Super Panel	6	1 ml
<input type="checkbox"/>	^*Celiac Reflex available with Food Panel	-	1 ml
<input type="checkbox"/>	16 Vegetarian Food	2	1 ml
<input type="checkbox"/>	16 Inhalant	2	1 ml

IMMUNOLOGY - IgA	Sample Requirement:	Blood Spot	or Serum
<input type="checkbox"/>	96 General Food	6	1 ml
<input type="checkbox"/>	96 Asian Food	10	1 ml
<input type="checkbox"/>	96 Japanese Food	10	1 ml
<input type="checkbox"/>	96 Mexican Food	10	1 ml
<input type="checkbox"/>	96 Vegetarian Food	10	1 ml
<input type="checkbox"/>	140 Food Super Panel	10	1 ml
<input type="checkbox"/>	^*Celiac Reflex available with Food Panel	-	1 ml
<input type="checkbox"/>	16 Vegetarian Food	4	1 ml
<input type="checkbox"/>	16 Inhalant	4	1 ml

SPECIALTY IMMUNOLOGY	Sample Requirement:	Blood Spot	or Serum
<input type="checkbox"/>	Candida Antibodies (IgA, IgG, IgM) and Antigen Panel	3	2 ml
<input type="checkbox"/>	^Celiac Antibody Panel	-	1 ml

SPECIALTY CHEMISTRY - URINE SAMPLE	Sample Requirement:	Urine Strip
<input type="checkbox"/>	Environmental Pollutants Profile EPP Commentary <small>Provided by Lab Interpretation, LLC</small>	2
<input type="checkbox"/>	Urinary Metabolic Profile UMP Commentary <small>Provided by Lab Interpretation, LLC</small>	

Note: US BioTek does not accept specimens from New York or Pennsylvania.
 * Celiac Reflex will be applied to Reaction Class 3 or above for one, two or three items; gliadin, gluten or whole wheat; IgG and/or IgA.
 ^ IgG and IgA DGP antibodies, IgG and IgA h-tTG autoantibodies.

TEST CPT CODES

IMMUNOLOGY - IgE

Procedure	CPT Codes
General Food	86003x19
Inhalant Panel	86003x20
Mold Panel	86003x15
Total IgE	86003X1

IMMUNOLOGY - IgA

Procedure	CPT Codes
General Food	83516x96
Asian Food	83516x96
Japanese Food	83516x96
Mexican Food	83516x96
Vegetarian Food	83516x96
Super Panel Food	83516x140
Inhalant	83516x16

SPECIALTY CHEMISTRY - URINE SAMPLE

Procedure	CPT Codes
Environmental Pollutants Profile	83921x14
Urinary Metabolic Profile	82507x1 83150x1 83497x1 83605x1 84585x1 84210x1 83921x30

IMMUNOLOGY - IgG

Procedure	CPT Codes
General Food	86001x96
Asian Food	86001x96
Japanese Food	86001x96
Mexican Food	86001x96
Vegetarian Food	86001x96
Super Panel Food	86001x140
Inhalant	86001x16

SPECIALTY IMMUNOLOGY

Procedure	CPT Codes
Candida Antibody and Antigen Panel	86628x3 87301x1
Celiac Antibody Panel	83516x4

SPECIMEN STABILITY

TYPE OF SAMPLE

STABILITY - FOOD & INHALANT PANELS

Dried Blood Spot Card (DBS)

60 days at ambient temperature (69°F to 78°F)
DBS with relative humidity <= 60%

Serum

14 days at ambient temperature or refrigerated;
60 days frozen

Urine (strip) - Organic Acid &
Environmental Pollutants Profiles

55 days at ambient temperature

TYPE OF SAMPLE

STABILITY - CELIAC PANEL

Serum

10 days at ambient temperature (69°F to 78°F)

TYPE OF SAMPLE

STABILITY - CANDIDA PANEL

Dried Blood Spot Card (DBS)

28 days at ambient temperature (69°F to 78°F)
DBS with relative humidity <= 60%

Serum

14 days at ambient temperature or refrigerated;
60 days frozen