

Patient Last, First Name, M.I. (Required)			Date of birth (Required)		<input type="checkbox"/> Male <input type="checkbox"/> Female		Mail results to: (Required)	
Collection date	Collection time	Patient ID	Diagnosis (ICD-9) code					
Referring physician and specialty			Physician UPIN#	Physician NPI#				
Secure fax # for lab results		Physician phone #		Facility phone #				P.O. #
COMPLETE SECTION BELOW ONLY IF BILLING ADDRESS IS DIFFERENT FROM THE 'MAIL RESULTS TO' ADDRESS								
Please Bill: <input type="checkbox"/> Medicare <input type="checkbox"/> Colorado Medicaid <input type="checkbox"/> Patient (Pre-Pay) <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover			Responsible Party (Last, First,):			Medicare (HIC) #		
Name on Card _____			Street Address:			Colorado Medicaid ID #		
Credit Card # _____			City	State	Zip	Social Security #		
Exp. Date _____ CVV Code _____			Telephone #			Patient bills must be prepaid or accompany specimen		

ASSESSMENT OF ENVIRONMENTAL ANTIGENS MOLD ANALYSIS

- ___ PPTP Special antigen preparation, antigen extract prepared from patient's environmental sample and presence of precipitins in patient's serum determined.
- ___ ENV Environmental mold preparation includes the preparation of antigen extract and precipitins from environmental specimen, culture and identification of molds from specimen, order 1 per specimen.
- ___ AGP1-5 Precipitins in patient's serum to environmental mold(s) derived from sample above (ENV).

IgG ANTIBODIES TO COMMON ALLERGENS

- ___ TGMIS Total IgG antibodies by ELISA to the following antigens. Specify antigen from the list below or call lab for current information about unlisted antigens: 303-398-1344.
- Alternaria tenuis
 - Bermuda grass
 - Cat dander
 - Cladosporium herbarum
 - Cockroach
 - Honey bee
 - House dust mite (D. farinae)
 - House dust mite (D. pteronyssinus)
 - Mixed vespid venom
 - Timothy grass

ORDERABLE BY NJC IMMUNOLOGY STAFF ONLY

- ___ MISPI-3 Precipitins to commercially available antigens not listed above, call lab for availability.
- ___ APREP Antigen preparation for skin test lab from sample supplied by patient (includes protein concentration and preparation of sterile extract)
- ___ FOLIN Protein assay by Lowry method used to determine protein concentration in antigen preparation

- ___ MLDP Environmental mold plates, please indicate location of sample

Specimen Source:

1. _____
2. _____
3. _____
4. _____
5. _____

ASSESSMENT OF ENVIRONMENTAL ANTIGENS HOUSE DUST ANALYSIS

- ___ MITAG House dust mite antigens by ELISA (D. farinae and D. pteronyssinus)
- ___ CTAG Cat epidermal antigen (Fel d-1) by ELISA
- ___ DGDN Dog dander (Can F-1) by ELISA inhibition assay
- ___ CKAGT Cockroach antigens by ELISA (American and German)

Return plates to:

National Jewish Medical and Research Center
Attention: Clinical Microbiology Laboratory
1400 Jackson Street, Room M013
Denver, Colorado 80206
800.550.6227