

Patient Last, First Name, M.I. (Required)			Date of Birth (Required)		<input type="checkbox"/> Male <input type="checkbox"/> Female		Mail results to: (Required)       P.O. #	
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 #				
<b>**COMPLETE SECTION BELOW ONLY IF BILLING ADDRESS IS DIFFERENT FROM THE 'MAIL RESULTS TO' ADDRESS**</b>								
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		

**IMMUNOGLOBULIN LEVELS**

- \_\_\_ IGG Immunoglobulin G
- \_\_\_ IGA Immunoglobulin A
- \_\_\_ IGM Immunoglobulin M
- \_\_\_ IGSUB IgG subclasses (IgG1, IgG2, IgG3, IgG4 and total IgG)
- \_\_\_ LLIGA Immunoglobulin A, low level
- \_\_\_ SIGA Salivary IgA (*saliva sample required*)
- \_\_\_ AIGD Immunoglobulin D
- \_\_\_ IGE Immunoglobulin E

**ELECTROPHORESIS**

- \_\_\_ PELE Protein electrophoresis, Hi Res

**AUTOANTIBODY MEASUREMENTS**

- \_\_\_ ANA ANA pattern and titer
- \_\_\_ ENADNA ANA profile
- \_\_\_ SCL70 Anti-Scl-70
- \_\_\_ CCP Anti-cyclic citrullinated peptide
- \_\_\_ IGERAB Anti-IgE receptor
- \_\_\_ CYNT Anti-neutrophil cytoplasmic Ab
- \_\_\_ ATG/TPO Anti-thyroid
- \_\_\_ MPOAB Myeloperoxidase Ab
- \_\_\_ PR3AB Proteinase 3 Ab

**SERUM ANTIBODY TITERS**

- \_\_\_ DIPHT Diphtheria IgG Ab  
 Pre  Post
- \_\_\_ HIB Haemophilus influenzae b IgG Ab  
 Pre  Post
- \_\_\_ HIVS HIV types 1 & 2 (HIV-1/HIV-2) Ab
- \_\_\_ PNU12 Pneumococcal polysaccharide IgG Ab  
12 serotypes: 1, 3, 4, 6B, 7F, 8, 9N, 12F, 14, 18C, 19F, 23F  
 Pre  Post
- \_\_\_ RFQ Rheumatoid factor
- \_\_\_ RUBLA Rubella IgG Ab
- \_\_\_ RUBS Rubeola IgG Ab
- \_\_\_ TET Tetanus IgG Ab  
 Pre  Post
- \_\_\_ VARS Varicella IgG Ab
- \_\_\_ MUMS Mumps IgG Ab

**IMMUNE COMPLEXES**

- \_\_\_ CIC Circulating immune complexes (C1q-binding and C3d)

**MISCELLANEOUS ANTIBODY TITERS**

- \_\_\_ ABPAP ABPA panel
- \_\_\_ AATQ Alpha-1-antitrypsin level
- \_\_\_ AATP Alpha-1-antitrypsin phenotype
- \_\_\_ CRPLA C-reactive protein
- \_\_\_ CRYFS Cryofibrinogen screen
- \_\_\_ CRYFQ Cryofibrinogen quantitative with identification
- \_\_\_ CRYOS Cryoglobulin screen (Cryocrit)
- \_\_\_ VISC Serum viscosity

**OTHER**

- \_\_\_ MT Fungal Antibodies by ID  
(Histoplasma, Blastomyces, Coccidioides and Aspergillus)
- \_\_\_ ECP Eosinophil cationic protein

COMMENTS: \_\_\_\_\_  
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