



Form with fields: Patient Last, First Name, M.I. (Required), Date of Birth (Required), Male/Female checkboxes, 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

Form with fields: Please Bill: Medicare, Colorado Medicaid, Patient (Pre-Pay), Check, Money Order, Visa, MasterCard, AMEX, Discover, Name on Card, Credit Card #, Exp. Date, CVV Code, Responsible Party (Last, First,):, Medicare (HIC) #, Street Address:, Colorado Medicaid ID #, City, State, Zip, Social Security #, 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 Ab
___ CYNT Anti-neutrophil cytoplasmic Ab
___ ATG/TPO Anti-thyroid
___ MPOAB Myeloperoxidase Ab
___ PR3AB Protease 3 Ab
___ CARDIO Cardiolipin Ab IgG and IgM

SERUM ANTIBODY TITERS

- ___ DIPHT Diphtheria IgG Ab
___ Pre ___ Post
___ HIB Haemophilus influenzae b IgG Ab
___ Pre ___ Post
___ HIVS 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
___ CRYFQ Cryofibrinogen quantitative with identification
___ CRYOS Cryoglobulin screen (Cryocrit)

OTHER

- ___ AFABID Fungal Antibodies by ID
(Histoplasma, Blastomyces, Coccidioides and Aspergillus)
___ ECP Eosinophil cationic protein
___ TRYPTA Tryptase

COMMENTS: _____

___ Serum ___ Plasma ___ Blood ___ Urine