Advanced Diagnostic Laboratories National Jewish Health®

Beryllium Business Group | 303.398.1722

SHIP TO: **National Jewish Health** Beryllium
Business Group
1400 Jackson Street, Room M017
Denver, CO 80206

Beryllium Diagnostics Requisition

Please type or print all information.

1. CLIENT INFORMATION

Client Name (if applicable)

Address | City | State | Zip

Phone | Fax

2. PATIENT AND PROVIDER INFORMATION

Patient Name (Last, First) ☐ Male ☐ Female DOB __ __ / __ __ / __ __ __ __

Ordering Physician | Phone | Fax

3. PAYMENT INFORMATION

☐ Bill to Client ☐ Pay by Credit Card ☐ Pay by Check (Make check payable to National Jewish Health)

Billing Information	Credit Card Information
Address	Name as it appears on card
City	Address
State Zip	City
Billing Contact	State Zip
PO # Account #	Card Number
	CVV Expiration Date
	Cardholder's Signature Date

4. REPORT DELIVERY INFORMATION

☐ Electronic Delivery (Contact the Beryllium Business Group to set up an account 800.423.8891) ☐ Secure Fax ( ) - -

5. SPECIMEN INFORMATION

Submitted By | Date Submitted | Phone

Collection Date | Collection Time

6. BERYLLIUM LYMPHOCYTE PROLIFERATION

Tests must be scheduled in advance by calling 800.550.6227, Option 5 or via the web at appointment.com/njh. Samples must be received within 24 hours of collection.

☐ BELPT	Beryllium lymphocyte proliferation — Blood ☐ New York State Specimen
☐ BEBAL	Beryllium lymphocyte proliferation — Bronchoalveolar lavage ☐ New York State Specimen

7. RELEASE OF INFORMATION

☐ I hereby authorize National Jewish Health Advanced Diagnostic Laboratories to release medical information concerning beryllium lymphocyte proliferation testing to the employer named below.

Patient Name | Employer

Signature | Date

8. DE-IDENTIFIED SPECIMENS (OPTIONAL)

☐ I hereby certify that authorization for release of medical information on this patient is on file at my location.

Signature | Date

9. SPECIAL INSTRUCTIONS

INTERNAL USE

Received By | Date | Account# | MRUN | Accession