

## Specific IgE – Weed, Occupational & Chemical/Drug

| 1. PATIENT INFORMATION   |  |                                |   |                                     |                       |
|--|--|--------------------------------|---|-------------------------------------|-----------------------|
| Patient Name (Last, First)   |  |                                | <input type="checkbox"/> Male <input type="checkbox"/> Female | DOB ___ / ___ / _____               |                       |
| 2. BILLING INFORMATION   |  |                                | 3. REPORT DELIVERY INFORMATION                                |                                     |                       |
| National Jewish Health Advanced Diagnostic Laboratories does not bill patients directly or third-party health insurance. Visit njlabs.org or call for details.               |  |                                | Client ID   |                                     |                       |
| Client ID  |  |                                | Account Name  |                                     |                       |
| Account Name   |  |                                | Address   |                                     |                       |
| Address  |  |                                | City  |                                     | State Zip             |
| City State Zip   |  |                                | Phone   |                                     | Secure Fax            |
| Phone Fax  |  |                                | <input type="checkbox"/> Duplicate Report Requested           |                                     | Attn:                 |
| Phone  |  |                                | Phone   |                                     | Secure Fax            |
| 4. SPECIMEN INFORMATION  |  |                                |   |                                     |                       |
| Specimen Source: <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Other |  |                                | Collect Date  |                                     | Collect Time          |
| <input type="checkbox"/> Raw Specimen OR <input type="checkbox"/> Culture Medium   |  |                                | Submitter Specimen #  |                                     |                       |
| Form completed by  |  |                                | Date  | Phone                               |                       |
| 5. WEED ALLERGENS  |  |                                | 7. OCCUPATIONAL ALLERGENS                                     |                                     |                       |
| <input type="checkbox"/> RW45  | Alfalfa                                | <input type="checkbox"/> RW1   | Ragweed, common   | <input type="checkbox"/> RK71       | Castor bean           |
| <input type="checkbox"/> RW206   | Camomile                               | <input type="checkbox"/> RW4   | Ragweed, false  | <input type="checkbox"/> RK70       | Coffee beans, green   |
| <input type="checkbox"/> RW82  | Careless weed                          | <input type="checkbox"/> RW3   | Ragweed, giant  | <input type="checkbox"/> RK83       | Cotton seed           |
| <input type="checkbox"/> RW13  | Cocklebur                              | <input type="checkbox"/> RW2   | Ragweed, western  | <input type="checkbox"/> RK78       | Ethylene oxide        |
| <input type="checkbox"/> RW8   | Dandelion                              | <input type="checkbox"/> RW203 | Rape pollen   | <input type="checkbox"/> RK81       | Ficus                 |
| <input type="checkbox"/> RW46  | Dog fennel                             | <input type="checkbox"/> RW16  | Rough marshelder  | <input type="checkbox"/> RK80       | Formaldehyde/Formalin |
| <input type="checkbox"/> RW9   | English plantain, ribwort              | <input type="checkbox"/> RW11  | Russian Thistle   | <input type="checkbox"/> RK77       | Isocyanate HDI        |
| <input type="checkbox"/> RW12  | Goldenrod                              | <input type="checkbox"/> RW15  | Scale, lenscale   | <input type="checkbox"/> RK76       | Isocyanate MDI        |
| <input type="checkbox"/> RW22  | Japanese Hop                           | <input type="checkbox"/> RW18  | Sheep sorrel  | <input type="checkbox"/> RK75       | Isocyanate TDI        |
| <input type="checkbox"/> RW17  | Kochia firebrush                       | <input type="checkbox"/> RW210 | Sugar beet pollen   | <input type="checkbox"/> RK72       | Ispaghula             |
| <input type="checkbox"/> RW10  | Lamb's quarters (goosefoot)            | <input type="checkbox"/> RW204 | Sunflower pollen  | <input type="checkbox"/> RK82       | Latex                 |
| <input type="checkbox"/> RW207   | Lupin                                  | <input type="checkbox"/> RW21  | Wall peltry judica  | <input type="checkbox"/> RK74       | Silk                  |
| <input type="checkbox"/> RW7   | Marguerite daisy (ox-eye)              | <input type="checkbox"/> RW19  | Wall peltry officinalis                                       | <input type="checkbox"/> RK73       | Silk, waste           |
| <input type="checkbox"/> RW6   | Mugwort                                | <input type="checkbox"/> RW5   | Wormwood  | <input type="checkbox"/> RK86       | Trimellitic anhydride |
| <input type="checkbox"/> RW20  | Nettle                                 | <input type="checkbox"/> RW23  | Yellow dock   | <b>8. CHEMICAL (DRUG) ALLERGENS</b> |                       |
| <input type="checkbox"/> RW14  | Pigweed, common                        |                                |   | <input type="checkbox"/> RC5        | Ampicilloyl           |
| <b>6. WEED MIXES</b>   |  |                                |   | <input type="checkbox"/> RC6        | Amoxicilloyl          |
| <input type="checkbox"/> RWX1  | Weed mix 1 (RW1, RW6, RW9, RW10, RW11) |                                |   |                                     |                       |
| <input type="checkbox"/> RWX2  | Weed mix 2 (RW2, RW6, RW9, RW10, RW15) |                                |   |                                     |                       |
| 9. COMMENTS  |  |                                |   | <input type="checkbox"/> RC74       | Gelatin, bovine       |
|  |  |                                |   | <input type="checkbox"/> RC71       | Insulin, bovine       |
|  |  |                                |   | <input type="checkbox"/> RC73       | Insulin, human        |
|  |  |                                |   | <input type="checkbox"/> RC70       | Insulin, porcine      |
|  |  |                                |   | <input type="checkbox"/> RC260      | Morphine              |
|  |  |                                |   | <input type="checkbox"/> RC1        | Penicilloyl G         |
|  |  |                                |   | <input type="checkbox"/> RC2        | Penicilloyl V         |
| INTERNAL USE ONLY  |  |                                |   |                                     |                       |
| Received By  |  | Date                           | Account#  | MRUN#                               | Accession             |