Advanced Diagnostic Laboratories National Jewish Health®

Metal Hypersensitivity Testing | 800.550.6227, Option 5 phone | 303.270.2175 fax | njlabs.org

SHIP TO: National Jewish Health
Beryllium/Metals Laboratory
1400 Jackson Street, Room M107
Denver, CO 80206

Please type or print all information.

1. PATIENT INFORMATION			
Patient Name (Last, First)	☐ Male	☐ Female	DOB __ __ / __ __ / __ __ __ __

2. ORDERING PHYSICIAN INFORMATION			
Ordering Physician	UPIN#	NPI#	
Address	City	State	Zip
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**	
Company		Name as it appears on card	
Attention		Address	
Address		City	
City		State	Zip
State	Zip	Card Number	
Phone	Fax	CVV Number	Expiration Date
PO #	Account #	Cardholder's Signature	Date

4. REPORT DELIVERY INFORMATION			
Attention		☐ Duplicate Report Requested	
Secure Fax		Name	
Address		Phone	
City		Secure Fax	
State	Zip		

5. SPECIMEN INFORMATION			
Submitted By		Date Submitted	Phone
Collection Date	Collection Time		

6. NICKEL LYMPHOCYTE PROFERATION	
☐ NICKLT	Lymphocyte proliferation to Nickel

7. DE-INDENTIFIED SPECIMENS (OPTIONAL)

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

Signature	Date

8. SPECIAL INSTRUCTIONS

INTERNAL USE				
Received By	Date	Account#	MRUN	Accession