

Specific IgE – Food A thru L

1. PATIENT INFORMATION							
Patient Name (Last, First)						DOB ____ / ____ / ____	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutral/Other <input type="checkbox"/> Unknown							
Address				City	State	Zip	
Phone				Ethnicity	Race		
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.				<input type="checkbox"/> Same as Billing Address			
				Client ID			
Client ID				Client Name			
Client Name				Address			
Address				City	State	Zip	
City				State	Zip	Phone	
Phone				<input type="checkbox"/> Duplicate Report Requested		Attn:	
Secure Fax				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. FOOD ALLERGENS A THRU L							
<input type="checkbox"/> RF346	Abalone	<input type="checkbox"/> RF288	Blueberry	<input type="checkbox"/> RF268	Cloves	<input type="checkbox"/> RF315	Green bean (stringbean)
<input type="checkbox"/> RO215	Alpha-gGal, Thyroglobulin Bovine	<input type="checkbox"/> RF18	Brazil nut	<input type="checkbox"/> RF207	Clam	<input type="checkbox"/> RF259	Grape
		<input type="checkbox"/> RF260	Broccoli	<input type="checkbox"/> RF36	Coconut	<input type="checkbox"/> RF209	Grapefruit
<input type="checkbox"/> RF76	Alpha-lactalbumin, Milk	<input type="checkbox"/> RF93	Cacao (Choc. Component)	<input type="checkbox"/> RF3	Cod	<input type="checkbox"/> RF410	Grouper
<input type="checkbox"/> RF271	Anise	<input type="checkbox"/> RF31	Carrot	<input type="checkbox"/> RF221	Coffee	<input type="checkbox"/> RF147	Gulf flounder
<input type="checkbox"/> RF49	Apple	<input type="checkbox"/> RF78	Casein, milk	<input type="checkbox"/> RF23	Crab	<input type="checkbox"/> RF42	Haddock
<input type="checkbox"/> RF237	Apricot	<input type="checkbox"/> RF202	Cashew nut	<input type="checkbox"/> RF320	Crayfish	<input type="checkbox"/> RF303	Halibut
<input type="checkbox"/> RF96	Avocado	<input type="checkbox"/> RF443	Cashew nut (rAna o3)	<input type="checkbox"/> RF289	Date, food	<input type="checkbox"/> RF17	Hazel nut
<input type="checkbox"/> RF51	Bamboo Shoot	<input type="checkbox"/> RF369	Catfish	<input type="checkbox"/> RF1	Egg white	<input type="checkbox"/> RF287	Kidney bean, red
<input type="checkbox"/> RF92	Banana	<input type="checkbox"/> RF291	Cauliflower	<input type="checkbox"/> RF75	Egg yolk	<input type="checkbox"/> RF84	Kiwi fruit
<input type="checkbox"/> RF6	Barley, food	<input type="checkbox"/> RF85	Celery	<input type="checkbox"/> RF245	Egg, whole	<input type="checkbox"/> RF208	Lemon
<input type="checkbox"/> RF27	Beef	<input type="checkbox"/> RF81	Cheese, cheddar type	<input type="checkbox"/> RF262	Eggplant, aubergine	<input type="checkbox"/> RF235	Lentil
<input type="checkbox"/> RF319	Beetroot	<input type="checkbox"/> RF82	Cheese, mold type	<input type="checkbox"/> RF328	Fig, fruit	<input type="checkbox"/> RF215	Lettuce
<input type="checkbox"/> RF77	Beta-lactoglobulin, Milk	<input type="checkbox"/> RF242	Cherry, fruit	<input type="checkbox"/> RF305	Fenugreek	<input type="checkbox"/> RF306	Lime
<input type="checkbox"/> RF280	Black pepper	<input type="checkbox"/> RF299	Chestnut, sweet	<input type="checkbox"/> RF47	Garlic	<input type="checkbox"/> RF333	Linseed
<input type="checkbox"/> RF211	Blackberry	<input type="checkbox"/> RF309	Chick pea	<input type="checkbox"/> RF270	Ginger	<input type="checkbox"/> RF80	Lobster
<input type="checkbox"/> RF37	Blue mussel	<input type="checkbox"/> RF83	Chicken meat	<input type="checkbox"/> RF79	Gluten	<input type="checkbox"/> RF304	Lobster, spiny langust
6. FOOD MIXES				7. COMMENTS			
<input type="checkbox"/> RFX1	Nut Mix (RF13, RF17, RF18, RF20, RF36)						
<input type="checkbox"/> RFX2	Fish Mix (RF3, RF24, RF37, RF40, RF41)						
<input type="checkbox"/> RFX3	Grain Mix (RF4, RSF7, RF8, RF10, RF11)						
<input type="checkbox"/> RFX5	Pediatric Mix (RF1, RF2, RF3, RF4, RF13, RF14)						

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Received By	Date	Account#	MRUN#	Accession