

## Practitioner

PRACTITIONER PRINTED NAME

## Specimen

DATE COLLECTED

MM DD YYYY

STORAGE PRIOR TO SHIPMENT

☐ FROZEN ☐ REFRIG-ERATED ☐ AMBIENT TEMP

## Laboratory Use

☐ DBS ☐ ST  
☐ BT ☐ US

VOLUME:

NOTES:

## Patient

PATIENT LAST NAME		MI	SEX
PATIENT FIRST NAME		DATE OF BIRTH MM DD YYYY	
ADDRESS		STATE	ZIP
CITY	COUNTRY		
EMAIL	PHONE		

## Payment

<input type="checkbox"/> BILL PRACTITIONER	<input type="checkbox"/> PAYMENT BY PRACTITIONER	<input type="checkbox"/> PAYMENT BY PATIENT
PAY WITH CHECK OR CREDIT CARD <b>WE DO NOT BILL INSURANCE</b>		
CHECK NUMBER		
CREDIT CARD NUMBER		
CARD HOLDER NAME		
CARD EXP. DATE MM YY		
AMOUNT (USD)	X	
CARDHOLDER SIGNATURE		

Note: US BioTek does not accept specimens from New York or Pennsylvania.

IgE			IgG4			IgG			IgA		
Select	Sample Requirement		Select	Sample Requirement		Select	Sample Requirement		Select	Sample Requirement	
	Serum Only			Blood Spot	Serum		Blood Spot	Serum		Blood Spot	Serum

## Food Allergy & Sensitivity

144 Food Super Panel		<input type="checkbox"/>	8	1 ml	<input type="checkbox"/>	5	1 ml	<input type="checkbox"/>	8	1 ml
96 General Food Panel		<input type="checkbox"/>	6	1 ml	<input type="checkbox"/>	4	1 ml	<input type="checkbox"/>	6	1 ml
96 Asian Food Panel		<input type="checkbox"/>	8	1 ml	<input type="checkbox"/>	5	1 ml	<input type="checkbox"/>	8	1 ml
96 Japanese Food Panel		<input type="checkbox"/>	8	1 ml	<input type="checkbox"/>	5	1 ml	<input type="checkbox"/>	8	1 ml
96 Mexican Food Panel		<input type="checkbox"/>	8	1 ml	<input type="checkbox"/>	5	1 ml	<input type="checkbox"/>	8	1 ml
96 Vegetarian Food Panel		<input type="checkbox"/>	8	1 ml	<input type="checkbox"/>	5	1 ml	<input type="checkbox"/>	8	1 ml
19 Food IgE Panel + Total IgE*	<input type="checkbox"/>	3 ml								
Candida Single Antibody (available with Food Panel)					<input type="checkbox"/>	1	included	<input type="checkbox"/>	1	included
Celiac Panel Reflex (available with Food Panel)					<input type="checkbox"/>		1 ml	<input type="checkbox"/>		1 ml

## Aeroallergens

48 Inhalant Panel		<input type="checkbox"/>	4	1 ml	<input type="checkbox"/>	2	1 ml	<input type="checkbox"/>	4	1 ml
20 Inhalant IgE Panel + Total IgE* Region Specific—USA & Canada Patient's zip code (Required):	<input type="checkbox"/>	3 ml								
15 Mold IgE Panel + Total IgE*	<input type="checkbox"/>	3 ml								

DBS requirements for a single panel are listed here. For a combination of panels that require 12-16 total blood spots, one completed blood spot card (12 spots total) is sufficient for testing. For a combination that adds up to more than 16 blood spots on this document, please provide the sum total of all requested tests. Note that a second collection card will be needed.

Missing or incomplete information may delay test results. Insufficient specimen may result in the inability to complete testing for all panels ordered.

Tests orders cannot be cancelled once processed.

## Total IgE

Total IgE*	<input type="checkbox"/>	1 ml
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## Candida & Celiac

	Select	Sample Requirement	
		Blood Spot	Serum
Candida Panel, IgA + IgG + IgM + Candida Antigen	<input type="checkbox"/>	3	2 ml
Celiac Panel Celiac Reflex will be applied to Reaction Class 3 or above for 1,2, or 3 items; gliadin, gluten or whole wheat; IgG and/or IgA. Celiac Panel Antibodies Tested include: IgG&IgA/DGP + IgG&IgA/ITG	<input type="checkbox"/>		2 ml

## Organic Acids & Environmental Toxins

	Select	Sample Requirement
		Urine Strip
Comprehensive Urinary Metabolic Profile (UMP)	<input type="checkbox"/>	2
Environmental Pollutants Profile (EPP)	<input type="checkbox"/>	2
EPP and/or UMP Commentary Provided by Lab Interpretation, LLC	<input type="checkbox"/>	

## Test CPT Codes

Immunology		IgE	
Procedure	CPT Codes		
General Food Panel	86003x19		
Inhalant Panel	86003x20		
Mold Panel	86003x15		
Total IgE	86003x1		

Immunology		IgG/IgG4		IgA	
Procedure	CPT Codes				
General Food Panel	86001x96	83516x96			
Asian Food Panel	86001x96	83516x96			
Japanese Food Panel	86001x96	83516x96			
Mexican Food Panel	86001x96	83516x96			
Vegetarian Food Panel	86001x96	83516x96			
Food Super Panel	86001x144	83516x144			
Inhalant Panel	86001x48	83516x48			

Specialty Immunology	
Procedure	CPT Codes
Celiac Antibody Panel	83516x4
Candida Panel	86628x3
	87301x1

Specialty Chemistry		Urine Sample	
Procedure	CPT Codes		
Environmental Pollutants Profile	83921x14		
Urinary Metabolic Profile	82507x1	83150x1	
	83497x1	83605x1	
	84585x1	84210x1	
	83921x30		

## Specimen Stability

Type of Sample	Stability
<b>Food &amp; Inhalant Panels</b>	
Dried Blood Spot Card (DBS)	60 days at ambient temperature with relative humidity $\leq$ 60%
Serum	14 days at ambient temperature or refrigerated; 60 days frozen
Urine (strip) - Organic Acid & Environmental Pollutants Profiles	55 days at ambient temperature
<b>Celiac Panel</b>	
Serum	10 days at ambient temperature
<b>Candida Panel</b>	
Dried Blood Spot Card (DBS)	28 days at ambient temperature with relative humidity $\leq$ 60%
Serum	14 days at ambient temperature or refrigerated; 60 days frozen