

ORDERING PHYSICIAN

The Ordering Physician must read the following statement and SIGN below in order to complete the requisition for laboratory testing. All requisition forms must be fully completed prior to test processing.

- US BioTek does not participate in the federal Medicare or any state Medicaid programs and that, as a result, US BioTek will not provide services to Medicare or Medicaid beneficiaries.
- US BioTek does not bill or accept payment from any government or private third party payor or insurer.
- I certify that the services that I am ordering are not for a patient who is a Medicare or Medicaid beneficiary. I have explained to the patient that US BioTek does not bill any third party insurance for its services.
- I certify that I have read and understand this statement.

LABORATORY USE

STP DBS
 BT ST
 U US

VOL: _____

BILL: PCC MI

PHYSICIAN PRINTED NAME _____

X _____
 PHYSICIAN SIGNATURE DATE

PATIENT

PATIENT LAST NAME PLEASE PRINT CLEARLY		FIRST NAME PLEASE PRINT CLEARLY		M.I.	SEX	DATE OF BIRTH MM DD YYYY		
ADDRESS				CITY	STATE	ZIP		
DAY PHONE		EVENING PHONE		EMAIL				

PAYMENT

- Bill Physician Payment by Physician Payment by Patient
 Request Receipt

CHECK NUMBER	AMOUNT (USD)
CREDIT CARD NUMBER	CARD EXP. DATE MM YY
AMOUNT (USD)	CARDHOLDER NAME PLEASE PRINT CLEARLY
X _____ CARDHOLDER SIGNATURE	

We do not bill Insurance

SPECIMEN

DATE COLLECTED MM DD YY	TIME COLLECTED HH : MM AM PM	DATE SENT MM DD YY
STORAGE PRIOR TO SHIPMENT <input type="checkbox"/> frozen <input type="checkbox"/> refrigerated <input type="checkbox"/> ambient temperature		

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

There is a \$15 fee for submittal of an unacceptable specimen.

Test orders cannot be cancelled once processed. For tests that have not been processed, there is a \$15 administration fee.

TEST MENU

Add-up the sample requirements of all tests you are ordering and submit the appropriate amount

IMMUNOLOGY - IgE+IgG

Sample Requirement:	Serum only
<input type="radio"/> General Food	9 mL
<input type="radio"/> Asian Food	9 mL
<input type="radio"/> Japanese Food	9 mL
<input type="radio"/> Mexican Food	9 mL
<input type="radio"/> Vegetarian Food	9 mL
<input type="checkbox"/> **Celiac Reflex available with Food Panel	1 mL
<input type="radio"/> 63 Inhalant IgE-only	5 mL

IMMUNOLOGY - IgG

Sample Requirement:	Blood Spot	Serum
<input type="radio"/> General Food	4	1 mL
<input type="radio"/> Asian Food	10	1 mL
<input type="radio"/> Japanese Food	10	1 mL
<input type="radio"/> Mexican Food	10	1 mL
<input type="radio"/> Vegetarian Food	10	1 mL
<input type="checkbox"/> **Celiac Reflex available with Food Panel	-	1 mL
<input type="radio"/> 16 Vegetarian Food	3	1 mL
<input type="radio"/> 16 Inhalant	3	1 mL

IMMUNOLOGY - IgA

Sample Requirement:	Blood Spot	Serum
<input type="radio"/> General Food	8	1 mL
<input type="radio"/> Asian Food	12	1 mL
<input type="radio"/> Japanese Food	12	1 mL
<input type="radio"/> Mexican Food	12	1 mL
<input type="radio"/> Vegetarian Food	12	1 mL
<input type="checkbox"/> **Celiac Reflex available with Food Panel	-	1 mL
<input type="radio"/> 16 Vegetarian Food	5	1 mL
<input type="radio"/> 16 Inhalant	5	1 mL

SPECIALTY IMMUNOLOGY

Sample Requirement:	Blood Spot	Serum
<input type="radio"/> Candida Antibodies (IgA, IgG, IgM) and Antigen Panel	3	2 mL
<input type="radio"/> ^Celiac Antibody Panel	-	1 mL

SPECIALTY CHEMISTRY - URINE SAMPLE

Sample Requirement:	Urine Strip
<input type="radio"/> Environmental Pollutants Profile <input type="checkbox"/> EPP Commentary Provided by Lab Interpretation, LLC	2
<input type="radio"/> Urinary Metabolic Profile <input type="checkbox"/> UMP Commentary Provided by Lab Interpretation, LLC	

* Celiac Reflex will be applied to Reaction Class 3 or above for one, two or three items; gliadin, gluten or whole wheat; IgG and/or IgA, and/or IgE.
 ^ IgG and IgA DGP antibodies, IgG and IgA h-tTG autoantibodies.

TEST CPT CODES

IMMUNOLOGY - IgE+IgG

Procedure	CPT Codes	
General Food	86003	86001
Asian Food	86003	86001
Japanese Food	86003	86001
Mexican Food	86003	86001
Vegetarian Food	86003	86001

IMMUNOLOGY - IgE

Procedure	CPT Codes
Inhalant	86003

IMMUNOLOGY - IgA

Procedure	CPT Codes
General Food	83516
Asian Food	83516
Japanese Food	83516
Mexican Food	83516
Vegetarian Food	83516
Inhalant	83516

IMMUNOLOGY - IgG

Procedure	CPT Codes
General Food	86001
Asian Food	86001
Japanese Food	86001
Mexican Food	86001
Vegetarian Food	86001
Inhalant	86001

SPECIALTY IMMUNOLOGY

Procedure	CPT Codes
Candida Antibody and Antigen Panel	86628x3 87301x1
Celiac Antibody Panel	83516x4

SPECIALTY CHEMISTRY - URINE SAMPLE

Procedure	CPT Codes	
Environmental Pollutants Profile	83921x11	
Urinary Metabolic Profile	82507x1	83150x1
	83497x1	83605x1
	84585x1	84210x1
	83921x30	