

This portion MUST BE explained to the patient and signed by the ORDERING PRACTITIONER

The Requisition Form must be completed and signed by the ordering practitioner prior to test processing.

- *I understand that 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.
- *I understand that 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.

PRACTITIONER PRINTED NAME

PRACTITIONER SIGNATURE

DATE

LABORATORY USE

STP DBS
 BT ST
 U US

VOL: _____

BILL: PCC MI

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	<input type="checkbox"/> Bill Practitioner		<input type="checkbox"/> Payment by Practitioner		<input type="checkbox"/> Payment by Patient		<input type="checkbox"/> 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

DATE COLLECTED			TIME COLLECTED			DATE SENT		
MM	DD	YY	HH	MM	AM/PM	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 administrative fee for submission of an unacceptable specimen or for cancelled tests that have not been processed.

Test orders cannot be cancelled once processed.

TEST MENU

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

IMMUNOLOGY - IgE + Total IgE	
Sample Requirement:	Serum only
<input type="checkbox"/> 19 General Food + Total IgE	3 ml
<input type="checkbox"/> 20 Inhalant + Total IgE Region Specific (USA & Canada) Patient's zip code (Required): _____	3 ml
<input type="checkbox"/> 15 Mold Panel + Total IgE	3 ml
<input type="checkbox"/> Total IgE	1 ml

IMMUNOLOGY - IgG		
Sample Requirement:	Blood Spot	or Serum
<input type="checkbox"/> 96 General Food	4	1 ml
<input type="checkbox"/> 96 Asian Food	10	1 ml
<input type="checkbox"/> 96 Japanese Food	10	1 ml
<input type="checkbox"/> 96 Mexican Food	10	1 ml
<input type="checkbox"/> 96 Vegetarian Food	10	1 ml
<input type="checkbox"/> ^^Celiac Reflex available with Food Panel	-	1 ml
<input type="checkbox"/> 16 Vegetarian Food	3	1 ml
<input type="checkbox"/> 16 Inhalant	3	1 ml

IMMUNOLOGY - IgA		
Sample Requirement:	Blood Spot	or Serum
<input type="checkbox"/> 96 General Food	8	1 ml
<input type="checkbox"/> 96 Asian Food	12	1 ml
<input type="checkbox"/> 96 Japanese Food	12	1 ml
<input type="checkbox"/> 96 Mexican Food	12	1 ml
<input type="checkbox"/> 96 Vegetarian Food	12	1 ml
<input type="checkbox"/> *^Celiac Reflex available with Food Panel	-	1 ml
<input type="checkbox"/> 16 Vegetarian Food	5	1 ml
<input type="checkbox"/> 16 Inhalant	5	1 ml

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

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

Our services are available worldwide and all USA states except New York & Pennsylvania.

* 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.

^ IgG and IgA DGP antibodies, IgG and IgA h-tTG autoantibodies.

TEST CPT CODES

IMMUNOLOGY - IgE

Procedure	CPT Codes
General Food	86003x19
Inhalant Panel	86003x20
Mold Panel	86003x15
Total IgE	86003X1

IMMUNOLOGY - IgG

Procedure	CPT Codes
General Food	86001x96
Asian Food	86001x96
Japanese Food	86001x96
Mexican Food	86001x96
Vegetarian Food	86001x96
Inhalant	86001x16

IMMUNOLOGY - IgA

Procedure	CPT Codes
General Food	83516x96
Asian Food	83516x96
Japanese Food	83516x96
Mexican Food	83516x96
Vegetarian Food	83516x96
Inhalant	83516x16

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	83921x14
Urinary Metabolic Profile	82507x1 83150x1 83497x1 83605x1 84585x1 84210x1 83921x30

SPECIMEN STABILITY

TYPE OF SAMPLE

STABILITY - FOOD & INHALANT PANELS

Dried Blood Spot Card (DBS)

60 days at ambient temperature (69°F to 78°F)
DBS with relative humidity ≤ 60%

Serum

14 days at ambient temperature or refrigerated;
60 days frozen

Urine (strip) - Organic Acid & Environmental Pollutants Profiles

55 days at ambient temperature

TYPE OF SAMPLE

STABILITY - CELIAC PANEL

Serum

10 days at ambient temperature (69°F to 78°F)

TYPE OF SAMPLE

STABILITY - CANDIDA PANEL

Dried Blood Spot Card (DBS)

28 days at ambient temperature (69°F to 78°F)
DBS with relative humidity ≤ 60%

Serum

14 days at ambient temperature or refrigerated;
60 days frozen