US BioTek LABORATORIES

IMPORTANT: To prevent testing delays ensure specimen and ALL patient information is filled out and matches the speciman label

PRACTITIONER

PRACTITIONER PRINTED NAME

PRACTITIONER PHONE

SPECIMEN

DATE & TIME COLLECTED **(DATE IS REQUIRED)**

DATE COLLECTED **(REQUIRED)** M M D D Y Y Y Y

OPTIONAL FIELDS HR/MIN TIME ZONE ☐ AM ☐ PM

STORAGE PRIOR TO SHIPMENT

☐ Frozen ☐ Refrigerated ☐ Ambient Temp

LABORATORY USE

☐ DBS ☐ NPS
☐ BT ☐ OPS
☐ ST ☐ NPA
☐ UC ☐ MTS
☐ SST ☐ NPW
☐ GTU ☐ MTT
☐ LS

VOLUME: _____ NOTES: _____

IMPORTANT: ALL FIELDS ARE REQUIRED, Except Passport # (Only required For COVID-19 Travel Tests)

PATIENT

PATIENT LAST NAME | MI | SEX ☐ Female ☐ Male ☐ Non-Binary

PATIENT FIRST NAME | DATE OF BIRTH M M D D Y Y Y Y

ADDRESS | STATE | ZIP

CITY | COUNTRY

PASSPORT # (OPTIONAL) | PHONE

EMAIL

PAYMENT INFORMATION

☐ BILL PRACTITIONER ☐ PAYMENT BY PRACTITIONER ☐ PAYMENT BY PATIENT

NAME ON CARD

CREDIT CARD # - - -

CHECK NUMBER | CARD EXPIRATION DATE M M Y Y Y Y

AMOUNT (USD) | X _____ CARD HOLDERS SIGNATURE

Food Sensitivity	IgG			IgA			IgG4		
	Select	Specimen Requirement		Select	Specimen Requirement		Select	Specimen Requirement	
		Blood Spot	Serum		Blood Spot	Serum		Blood Spot	Serum
208 Food Panel	☐	7	1 ml	☐	11	1 ml	☐	11	1 ml
144 Food Panel	☐	5	1 ml	☐	8	1 ml	☐	8	1 ml
96 General Food Panel	☐	4	1 ml	☐	6	1 ml	☐	6	1 ml
96 Asian Food Panel	☐	5	1 ml	☐	8	1 ml	☐	8	1 ml
96 Japanese Food Panel	☐	5	1 ml	☐	8	1 ml	☐	8	1 ml
96 Mexican Food Panel	☐	5	1 ml	☐	8	1 ml	☐	8	1 ml
168 Vegetarian Food Panel	☐	7	1 ml	☐	11	1 ml	☐	11	1 ml
96 Vegetarian Food Panel	☐	5	1 ml	☐	8	1 ml	☐	8	1 ml
Celiac Reflex Panel**	☐		1 ml	☐		1 ml			

Food Allergy	IgE		
	Select	Specimen Requirement	
		Blood Spot	Serum
27 Food IgE Panel + Total IgE*	☐		3 ml
50 Food IgE Panel + Total IgE*	☐		4 ml
96 Food IgE Panel + Total IgE*	☐		6 ml
44 Food IgE Panel	☐	10	1 ml

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Inhalants/ Aeroallergens	IgE			IgG			IgA			IgG4		
	Select	Specimen Requirement Blood Spot	Specimen Requirement Serum	Select	Specimen Requirement Blood Spot	Specimen Requirement Serum	Select	Specimen Requirement Blood Spot	Specimen Requirement Serum	Select	Specimen Requirement Blood Spot	Specimen Requirement Serum
48 Inhalant Panel				☐	2	1 ml	☐	4	1 ml	☐	4	1 ml
36 Inhalant IgE Panel	☐	10	1 ml									
50 Inhalant IgE Panel + Total IgE*	☐		4 ml									
15 Mold IgE Panel + Total IgE*	☐		3 ml									

Comprehensive IgE Panels	Select	Specimen Requirement Microtainer	Specimen Requirement Serum
295 IgE Food, Inhalant & Components Panel	☐	0.6 ml	1 ml
158 IgE Food/Components Panel	☐	0.6 ml	1 ml
140 IgE Inhalant/Components Panel	☐	0.6 ml	1 ml

Total IgE	Select	Specimen Requirement Blood Spot	Specimen Requirement Serum
Total IgE*	☐		1 ml

Organic Acids & Environmental Toxins	Select	Specimen Requirement Urine Card
Organic Acids Profile (formerly known as UMP)	☐	1
Environmental Pollutants Profile (EPP)	☐	1
Organic Acids and EPP Combined Test	☐	1
Organic Acids and/or EPP Commentary Provided by Lab Interpretation, LLC	☐	

Vitamin D	Select	Specimen Requirement Blood Spot	Specimen Requirement Serum
Vitamin D (Total, 25-Hydroxy D2 and D3)	☐	4	1 ml

Candida & Celiac	Select	Specimen Requirement Blood Spot	Specimen Requirement Serum
Candida Panel, IgA + IgG + IgM + Candida Antigen	☐	3	2 ml
Celiac Panel, IgG & IgA/DGP + IgG & IgA/tTG	☐		2 ml

Sexually Transmitted Infection	Select	Specimen Requirement Urine + Serum	
Comprehensive Plus STD Panel	☐	3ml	2 ml

Thyroid	Select	Specimen Requirement Serum
Basic Thyroid Panel	☐	1 ml
Comprehensive Thyroid Panel	☐	1 ml

COVID-19	Select	Specimen Type	Specimen Requirement Serum	Specimen Requirement Plasma
COVID-19 Vaccine Response Screen	☐	☐ Serum ☐ Plasma	0.5 ml	0.5 ml
COVID-19 Immune Response Panel	☐	☐ Serum ☐ Plasma	0.5 ml	0.5 ml
COVID-19 Diagnostic Test (RT-PCR)	☐	☐ Nasopharyngeal Swab ☐ Oropharyngeal Swab ☐ Anterior Nasal Swab ☐ Nasal Mid-Turbinate Swab ☐ Nasal/Nasopharyngeal Wash		

MonkeyPox	Select	Specimen Type Lesion Swab
Monkeypox Diagnostic Test (Real-Time PCR)	☐	

Director: Jillian Harrington, PhD, HCLD (ABB)
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CAP accredited

Tax ID: #26-1548678
CLIA: #50D0965661

Specimen Stability:
Please use the QR code or visit:
usbiotek.com/specimen-stability
to view specimen stability.

* Total IgE Measurement is unavailable for patients under 10 years of age. Note: US BioTek does not accept specimens from New York.
*UMP or EPP measurement is unavailable for patients under 2 years of age. Thyroid measurement is unavailable for patients under 20 years of age.
**Celiac Reflex will be applied to Reaction Class 3 or above for 1, 2 or 3 items: Gliadin, Gluten or Wheat, IgG and/or IgA. Charge will not apply if testing is not performed.

 | REQ-20221018-02