

| | | | | | |
|------------------------|-------------------------|-------|----------------|-----------------------|-----|
| Patient's Last Name | | First | Middle | Birth date (required) | Sex |
| Outside Patient Number | Outside Specimen Number | | Send Report To | | |
| Ordering Provider | | | Address | | |
| Diagnosis/ICD Code | | | Phone/Fax | | |

REQUIRED SPECIMEN INFORMATION:

DATE COLLECTED: ____/____/____

TIME COLLECTED: ____:____ AM/PM

 Serum Whole Blood

 Other: _____

INDIVIDUAL IgE ALLERGENS

- | | |
|---|---|
| <input type="checkbox"/> Alder | <input type="checkbox"/> Lentil |
| <input type="checkbox"/> Almond | <input type="checkbox"/> Lobster |
| <input type="checkbox"/> Alternaria tenuis | <input type="checkbox"/> Macadamia nut |
| <input type="checkbox"/> Aspergillus fumigatus | <input type="checkbox"/> Maple (Box elder) |
| <input type="checkbox"/> Barley | <input type="checkbox"/> Milk (Cow's) |
| <input type="checkbox"/> Beef | <input type="checkbox"/> Mugwort (form of sage brush) |
| <input type="checkbox"/> Bermuda grass | <input type="checkbox"/> Mussel (Blue Mussel) |
| <input type="checkbox"/> Black bean | <input type="checkbox"/> Oak, white |
| <input type="checkbox"/> Birch | <input type="checkbox"/> Oat |
| <input type="checkbox"/> Brazil nut | <input type="checkbox"/> Orange |
| <input type="checkbox"/> Buckwheat | <input type="checkbox"/> Ovomuroid |
| <input type="checkbox"/> Casein (Milk Protein) | <input type="checkbox"/> Oyster |
| <input type="checkbox"/> Cashew | <input type="checkbox"/> Peanut |
| <input type="checkbox"/> Cat dander-epithelium | <input type="checkbox"/> Pecan |
| <input type="checkbox"/> Chicken | <input type="checkbox"/> Pinenut |
| <input type="checkbox"/> Chocolate (Cocoa) | <input type="checkbox"/> Pistachio |
| <input type="checkbox"/> Clam | <input type="checkbox"/> <i>Pumpkin Seed</i> |
| <input type="checkbox"/> Cockroach | <input type="checkbox"/> Pork |
| <input type="checkbox"/> Coconut | <input type="checkbox"/> Red Top |
| <input type="checkbox"/> Codfish (Cod) | <input type="checkbox"/> Rice |
| <input type="checkbox"/> Corn | <input type="checkbox"/> Rough Pigweed |
| <input type="checkbox"/> Cottonwood | <input type="checkbox"/> Russian Thistle |
| <input type="checkbox"/> Crab | <input type="checkbox"/> Rye |
| <input type="checkbox"/> D. farinae (Dust Mite) | <input type="checkbox"/> Salmon (Atlantic) |
| <input type="checkbox"/> D. pteronyssinus (Dust Mite) | <input type="checkbox"/> Salmons (Atlantic & Pacific) |
| <input type="checkbox"/> Dog dander | <input type="checkbox"/> Scallop |
| <input type="checkbox"/> Dog epithelium | <input type="checkbox"/> Sesame Seed |
| <input type="checkbox"/> Egg White | <input type="checkbox"/> Sunflower Seed |
| <input type="checkbox"/> Egg Yolk | <input type="checkbox"/> Shrimp |
| <input type="checkbox"/> English Plantain | <input type="checkbox"/> Soy (Soybean) |
| <input type="checkbox"/> Flaxseed (linseed) | <input type="checkbox"/> Squid |
| <input type="checkbox"/> Garbanzo (Chickpea) | <input type="checkbox"/> Strawberry |
| <input type="checkbox"/> Gluten | <input type="checkbox"/> Tilapia |
| <input type="checkbox"/> Green beans (string) | <input type="checkbox"/> Timothy Grass |
| <input type="checkbox"/> Green Pea | <input type="checkbox"/> Tomato |
| <input type="checkbox"/> Hazelnut (Filbert) | <input type="checkbox"/> Trout (Pacific Salmon) |
| <input type="checkbox"/> Halibut | <input type="checkbox"/> Tuna |
| <input type="checkbox"/> June grass (Kentucky blue) | <input type="checkbox"/> Walnut (Black Walnut) |
| <input type="checkbox"/> Kidney bean | <input type="checkbox"/> White Bean |
| <input type="checkbox"/> Lamb's quarter | <input type="checkbox"/> Western Ragweed |
| <input type="checkbox"/> Latex | <input type="checkbox"/> Wheat |

IgE ALLERGEN PANELS
 AEROALLERGEN (Asthma)

Alder, Alternaria tenuis, Aspergillus fumigatus, Birch, Cat (dander/epithelium), D. farinae, D. pteronyssinus, Dog epithelium, English Plantain, Timothy Grass

 WESTERN WA STATE

Alder, Alternaria tenuis, Aspergillus fumigatus, Birch, Cat (dander/epithelium), Cottonwood, D. farinae, D. pteronyssinus, Dog epithelium, English Plantain, Maple, Oak, Timothy Grass, Juniper, Oregon Ash (White ash), American Elm, Lamb's Quarter, Yellow Dock

 Alder, Birch, Timothy Grass
 WEMPS
 Wheat Egg White Milk (cow) Peanut
 Soy Ovomuroid Casein Peanut Component Panel (Quest)

 SEEDS

Flaxseed, Sesame, Sunflower

 TREENUTS

Almond, Brazil, Cashew, Hazelnut, Macadamia, Pine Nut, Pecan, Pistachio, Walnut

 SHELL FISH

Clam, Crab, Lobster, Mussel, Oyster, Scallops, Shrimp, Squid

 FINFISH

Codfish, Halibut, Salmons, Tilapia, Tuna

 LEGUMES

Black bean, Garbanzo, Green pea, Kidney Bean, Lentil, White Bean

 GRAINS

Barley, Buckwheat, Corn, Oats, Rice, Rye

 GELATIN PANEL

Bovine, Porcine

ADDITIONAL TESTS
 Total IgE level Trypsin

 Other: _____

BILLING INFORMATION

PHYSICIAN NOTIFICATION: Only tests that you believe are appropriate for patient care should be ordered. Medicare/Medicaid will pay only for tests that are medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes.

BILLING NOTIFICATION: All samples will be billed to the referring institution unless complete billing and diagnosis information is provided on this form. Contact Seattle Children's Laboratory Client Services for additional assistance (206) 987-2617.

BILL TO:

- Referring Institution (Preferred)** - Provide billing address or stamp institution's information.
(Institutional billing will be done for all patients with Medicare except for established Seattle Children's patients.)

| | |
|----------------------------|------------------------|
| Billing Address: | Billing Contact Name: |
| | |
| Billing Contact Phone/Fax: | Billing Contact Email: |

- Primary Insurance** (Attach copy of card.) **Medicaid** (Only Alaska, Idaho, Montana and Washington Medicaid are accepted.)

| | | |
|---|--------------|-------------------------|
| Patient Address | | |
| Guarantor Name | DOB | Relationship to Patient |
| Guarantor Address (if different from patient's) | | |
| Guarantor Phone (if different from patient's) | Employer | |
| Primary Care Physician | Phone Number | |
| Insurance Company/Medical Coverage | | |
| Claims Address | Phone Number | |
| Policy Number | Group Number | |
| Subscriber | Sex | Subscriber's DOB |

- Secondary Insurance** (Attach copy of card.) **Medicaid** (Only Alaska, Idaho, Montana and Washington Medicaid are accepted.)

| | | |
|------------------------------------|--------------|------------------|
| Insurance Company/Medical Coverage | | |
| Claims Address | Phone Number | |
| Policy Number | Group Number | |
| Subscriber | Sex | Subscriber's DOB |

- Self Pay**- First, call Lab Client Services for pricing. Then, provide credit card information below or enclose a check with the sample.

| | | |
|---|----------------|-------------------------|
| Patient Address | | |
| Guarantor Name | DOB | Relationship to Patient |
| Guarantor Address (if different from patient's) | | |
| Guarantor Phone (if different from patient's) | | |
| Name on Credit Card | Payment Amount | CVN |
| Card Number | Card Type | Expiration |

Please visit our test catalog at <http://seattlechildrenslab.testcatalog.org> for testing information or call (206) 987-2102.



Ship to: LABORATORY
4800 Sand Point Way NE, M/S: OC.8.720
SEATTLE, WA 98105