



# Virant Diagnostics, Inc.

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[www.virantdx.com](http://www.virantdx.com)

## Basophil Activation Tests (BAT) Requisition Form

Place Barcode Label Here

**Whole Blood Specimen Information**

Collection Date: \_\_\_/\_\_\_/\_\_\_  
 Collection Time: \_\_\_:\_\_\_  AM  PM

**PATIENT INFORMATION**

Last Name:	First Name:	Date of Birth:
Email:	Phone:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	City: State:	Zip:

**DIAGNOSIS CODES**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> T78.1XXA: Adverse food reactions       | <input type="checkbox"/> T78.00XA: Anaphylactic reaction due to unspecified food, initial encounter | <input type="checkbox"/> L50.0: Allergic urticaria               |
| <input type="checkbox"/> J30.1: Allergic rhinitis due to season | <input type="checkbox"/> J30.81: Allergic rhinitis due to animal                                    | <input type="checkbox"/> H10.45: Chronic allergic conjunctivitis |
| <input type="checkbox"/> Z88.0: Allergy to penicillin           | <input type="checkbox"/> Z91.030: Bee venom allergy   | <input type="checkbox"/> Z91.038: Other insect venom allergy     |
| <input type="checkbox"/> Z91.010: Allergy to peanuts            | <input type="checkbox"/> Z91.011: Allergy to milk products  | <input type="checkbox"/> Z91.012: Allergy to eggs                |
| <input type="checkbox"/> Z91.018: Allergy to other foods        | <input type="checkbox"/> Other:   | <input type="checkbox"/> Other:                                  |

**PATIENT CONSENT/AUTHORIZATION**

To assist in the diagnosis and management of your medical condition(s), we use multi-parameter flow cytometry-based tests to examine the lymphocyte population, subsets, memory, and activation markers to gain better assessment of your immune system. Our assays are used to identify and examine cellular components of your immune system, specifically focused on lymphocytes which play important roles in your immune response. Lymphocytes are a subpopulation of white blood cells that can be differentiated into subsets of T cells, B cells, and natural killer cells, and identified by examination of common and unique protein markers expressed within and on the surface of the cells. These major lymphocyte subsets can be further subdivided into smaller functional subsets, which have unique roles in the immune responses.

Test results are confidential. (1) Test results will be released to the referring physician or other health care provider as specified on the test requisition. (2) Test results will not be released to other individuals without my written consent. (3) Test results may be part of my/my child's medical record and thus accessible to my health insurance provider or other parties within legal limits. The test and its limitations have been satisfactorily described to me. I acknowledge that I have discussed the benefits, risks, and limitations of this testing with my physician and/or other health care professional.

I authorize Virant Diagnostics Lab to analyze a blood sample of my/my child for an immunological evaluation. In addition, I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**INSURANCE AND PAYMENT INFORMATION**

- Bill Insurance (Attach copy of insurance card, front and back)  Bill Client  Bill Patient (Cash/Check/Credit Card)  Other:

Primary Plan Name:	Policy Holder Name:
Policy #:	Group #:
Secondary Plan Name:	Policy Holder Name:
Policy #:	Group #:

**HEALTHCARE PROVIDER INFORMATION**

Provider Name:	NPI:
Organization:	Phone:
Address:	City: State: Zip:

**Provider Authorization Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**TEST MENU****Notes for Provider:**

1. A complete blood count (CBC) with differential is also required and will be ordered and performed alongside the BAT test.
2. A BAT test cannot be ordered (1) alongside a SIP test and (2) if another BAT or SIP test was performed within the last six months.
3. Courier services can be arranged for clinics in the DC metropolitan area. Please contact us via email or phone for more information.

**Specimen Requirements:** 1 EDTA tube (3 mL minimum, purple top) and 1 heparin tube (7 mL minimum, green top) must each be collected with whole blood and be kept at ambient temperature. The specimens must also be shipped at ambient temperature for overnight delivery.

- Screening (S) Test:** Up to 10 food and/or environmental allergens
- Comprehensive (C) Test:** 1 to 3 food allergens with 5 concentration titration each
- Venom Panel:** 5 Hymenoptera venom allergens, including yellow jacket, wasp, yellow hornet, white faced hornet, and honeybee
- Choose from the list of allergens on the next page. May write in allergens if not listed.*

**FOR LABORATORY USE ONLY**

Accession #:	Patient ID:	
Client/Physician ID:	Date Received: ___/___/___	Time Received: ___:___ <input type="checkbox"/> AM <input type="checkbox"/> PM

**LIST OF ALLERGENS**

Please select either **S** (Screening) or **C** (Comprehensive) for food and/or environmental allergens.

**Note: S** Test is up to 10 total allergens, and **C** Test is up to 3 allergens with 5 concentration titration each

	Allergens	S	C		Allergens	S	C		Allergens	S	C	
<b>C</b> <b>o</b> <b>m</b> <b>m</b> <b>o</b> <b>n</b> <b>F</b> <b>o</b> <b>o</b> <b>d</b>	Egg White			<b>S</b> <b>e</b> <b>e</b> <b>d</b> <b>s</b>	Mustard			<b>V</b> <b>e</b> <b>g</b> <b>e</b> <b>t</b> <b>a</b> <b>b</b> <b>l</b> <b>e</b>	Broccoli			
	Milk				Sesame seed				Cabbage			
	Peanut				<b>L</b> <b>e</b> <b>g</b> <b>u</b> <b>m</b> <b>e</b>	Green Pea				Carrot		
	Soybean					Green bean				Cauliflower		
	Wheat					Lima bean				Celery		
			Navy bean				Cucumber					
<b>C</b> <b>o</b> <b>m</b> <b>m</b> <b>o</b> <b>n</b> <b>N</b> <b>u</b> <b>t</b> <b>s</b>	Almond			<b>M</b> <b>e</b> <b>a</b> <b>t</b>	Soybean				Lettuce			
	Brazil nut				Beef				Onion			
	Cashew nut				Chicken				Pepper (black)			
	Hazelnut				Lamb				Pepper (green)			
	Pecan			<b>F</b> <b>r</b> <b>u</b> <b>i</b> <b>t</b>	Pork				Potato (sweet)			
	Peanut				Turkey				Potato (white)			
	Pistachio				Apple				Spinach			
	Walnut (black)				Apricot			Squash (yellow)				
	Walnut (English)				Avocado			Tomato				
	Macadamia				<b>M</b> <b>i</b> <b>s</b> <b>c</b> <b>e</b> <b>l</b> <b>l</b> <b>a</b> <b>n</b> <b>e</b> <b>o</b> <b>u</b> <b>s</b>	Banana			Chocolate			
Pine nut			Blueberry				Cocoa bean					
<b>C</b> <b>o</b> <b>m</b> <b>m</b> <b>o</b> <b>n</b> <b>S</b> <b>h</b> <b>e</b> <b>l</b> <b>f</b> <b>i</b> <b>sh</b>	Clam			Cantaloupe				Cinnamon				
	Crab			Cherry				Coffee				
	Crab (blue)			Coconut				Garlic				
	Lobster			Cranberry				Ginger				
	Lobster (American)			Grapefruit				Hops				
	Oyster			Grape				Malt				
	Scallop			Lemon				Mushroom				
	Shrimp			Olive				Nutmeg				
	Shrimp (brown)			Orange				Vanilla bean				
	Shellfish mix (clam, crab, oyster, scallops, shrimp),			Peach				<b>E</b> <b>n</b> <b>v</b> <b>i</b> <b>r</b> <b>o</b> <b>n</b> <b>m</b> <b>e</b> <b>n</b> <b>t</b> <b>a</b> <b>l</b>	Cat			
<b>C</b> <b>o</b> <b>m</b> <b>o</b> <b>n</b> <b>F</b> <b>i</b> <b>sh</b>	Bass (black)			Pear			Dog					
	Catfish			Pineapple			Dust mites					
	Codfish			Watermelon			Timothy					
	Flounder			Raspberry			Birth					
	Halibut			Strawberry			Oak					
	Mackerel			Barley			Ragweed (S)					
	Perch			Buckwheat			Ragweed (L)					
	Salmon			<b>G</b> <b>r</b> <b>a</b> <b>i</b> <b>n</b> <b>s</b>	Corn				Penicillin G			
	Salmon (Atlantic)				Oat				Pre-pen			
	Trout				Rice							
Tuna			Rye									
Tuna, Yellowfin			Wheat									
Mixes: Fish												

Please visit our webpage at [www.virantdx.com/testing-solutions/flow-cytometry/](http://www.virantdx.com/testing-solutions/flow-cytometry/) and contact us at [info@virantdx.com](mailto:info@virantdx.com) or (877) 888-2973 for any inquiries.