



Virant Diagnostics, Inc.

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www.virantdx.com

Allergy (Flow Cytometry and ImmunoCAP) Test Requisition Form

Place Barcode Label Here

Specimen Collection 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 allergy 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"/> D84.9: Immunodeficiency, unspecified | <input type="checkbox"/> D89.9 Disorder involving immune mechanism, unspecified |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

PATIENT CONSENT/AUTHORIZATION

I authorize Virant Diagnostics to analyze my/my child's blood samples for the tests requested by my healthcare provider. The tests and their limitations have been explained to me. Test results will only be released to healthcare providers as specified on the test requisition form.

I authorize Virant Diagnostics to submit claims to my healthcare insurers for the lab services provided. I also authorize Virant Diagnostics and my healthcare provider to release any medical information necessary to the insurers to process this claim. Payment will be made directly to Virant Diagnostics from my insurers. If my insurers pay me directly, I agree to forward the payment to Virant Diagnostics. I understand that I am responsible for any amounts not covered or paid by my insurers. Should there be no insurance coverage, Virant Diagnostics reserves the right to bill me directly.

Signature: _____ Date: ___/___/___

Printed Name: _____ Relationship: Self Parent Legal Guardian Durable Power of Attorney for Health Care

INSURANCE AND PAYMENT INFORMATION

Bill Insurance (Attach copy of insurance card, front and back)

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

Bill Patient (Cash/Check/Credit Card)

Other

HEALTHCARE PROVIDER INFORMATION

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

Provider Authorization Signature: _____ Date: ___/___/___

FOR LABORATORY USE ONLY

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

SPECIMEN AND ORDER REQUIREMENTS

Standard Immunophenotyping (SIP)

- Specimen: 2 EDTA, purple-top tubes with 3 mL of whole blood each

Basophil Activation Testing (BAT)

- Specimen: 1 EDTA tube, purple-top tube with minimum 3 mL of whole blood AND 1 heparin, green-top tube with minimum 7 mL of whole blood.

ImmunoCAP

- Specimen: For each panel ordered, completely fill one red-top tube or gel barrier tube. Separate serum by centrifugation and transfer the serum into a plastic transport tube (2 cc plasma minimal).

Shipment

- Ship specimens with an ice pack.

Notes for Provider:

1. A complete blood count (CBC) with differential is also required and will be performed alongside the SIP/BAT test.
2. A SIP and BAT test cannot be ordered together. Insurance will not cover for both tests on the same day.

STANDARD IMMUNOPHENOTYPING (SIP) TEST MENU

Lympho-phenotyping Tests:

1. **Lymphocyte Monitoring** for T cell subsets, B and NK cells, γ/δ and α/β T cells, NKT cells, and activation
2. **B Cell Maturation Evaluation** for B cell development in peripheral blood
3. **Memory CD8 and CD4 Cells Test** (CD45RO and CD45RA)
4. **Dendritic Cell Panel**

BASOPHIL ACTIVATION TESTS (BAT) TEST MENU

Screening (S) Test: please select up to 10 food and/or environmental allergens listed below (each allergen will be tested with one concentration only)

Comprehensive (C) Test: please select up to 3 food allergens listed below (each allergen will be tested with 5 concentrations)

1. _____ 2. _____ 3. _____

Basophil Activation Test for Chronic Spontaneous Urticaria (CSU)

Common Foods	Legumes	Seeds	Vegetables	Fruits	<input type="checkbox"/> Watermelon	Meats
<input type="checkbox"/> Egg white	<input type="checkbox"/> Green pea	<input type="checkbox"/> Mustard seed	<input type="checkbox"/> Broccoli	<input type="checkbox"/> Apple	<input type="checkbox"/> Raspberry	<input type="checkbox"/> Beef
<input type="checkbox"/> Milk	<input type="checkbox"/> Green bean	<input type="checkbox"/> Sesame seed	<input type="checkbox"/> Cabbage	<input type="checkbox"/> Apricot	<input type="checkbox"/> Strawberry	<input type="checkbox"/> Chicken
<input type="checkbox"/> Soybean	<input type="checkbox"/> Lima bean	Shellfish	<input type="checkbox"/> Carrot	<input type="checkbox"/> Avocado	<input type="checkbox"/> Barley	<input type="checkbox"/> Lamb
<input type="checkbox"/> Wheat	<input type="checkbox"/> Navy bean	<input type="checkbox"/> Clam	<input type="checkbox"/> Cauliflower	<input type="checkbox"/> Banana	<input type="checkbox"/> Buckwheat	<input type="checkbox"/> Pork
Common Nuts	Common Fish	<input type="checkbox"/> Crab	<input type="checkbox"/> Celery	<input type="checkbox"/> Blueberry	<input type="checkbox"/> Corn	<input type="checkbox"/> Turkey
<input type="checkbox"/> Almond	<input type="checkbox"/> Bass (black)	<input type="checkbox"/> Crab (blue)	<input type="checkbox"/> Cucumber	<input type="checkbox"/> Cantaloupe	Environmental	Miscellaneous
<input type="checkbox"/> Brazil nut	<input type="checkbox"/> Catfish	<input type="checkbox"/> Lobster	<input type="checkbox"/> Lettuce	<input type="checkbox"/> Cherry	<input type="checkbox"/> Cat	<input type="checkbox"/> Cocoa bean
<input type="checkbox"/> Cashew nut	<input type="checkbox"/> Codfish	<input type="checkbox"/> Oyster	<input type="checkbox"/> Onion	<input type="checkbox"/> Coconut	<input type="checkbox"/> Dog	<input type="checkbox"/> Cinnamon
<input type="checkbox"/> Hazelnut	<input type="checkbox"/> Flounder	<input type="checkbox"/> Scallop	<input type="checkbox"/> Pepper (black)	<input type="checkbox"/> Cranberry	<input type="checkbox"/> Dust mites	<input type="checkbox"/> Coffee
<input type="checkbox"/> Pecan	<input type="checkbox"/> Halibut	<input type="checkbox"/> Shrimp	<input type="checkbox"/> Pepper (green)	<input type="checkbox"/> Grapefruit	<input type="checkbox"/> Timothy grass	<input type="checkbox"/> Garlic
<input type="checkbox"/> Peanut	<input type="checkbox"/> Mackerel	<input type="checkbox"/> Shrimp (brown)	<input type="checkbox"/> Potato (sweet)	<input type="checkbox"/> Grape	<input type="checkbox"/> Birch	<input type="checkbox"/> Ginger
<input type="checkbox"/> Pistachio	<input type="checkbox"/> Perch	<input type="checkbox"/> Shellfish mix	<input type="checkbox"/> Potato (white)	<input type="checkbox"/> Lemon	<input type="checkbox"/> Oak	<input type="checkbox"/> Hops
<input type="checkbox"/> Walnut (black)	<input type="checkbox"/> Salmon	Grains	<input type="checkbox"/> Spinach	<input type="checkbox"/> Olive	<input type="checkbox"/> Ragweed (S)	<input type="checkbox"/> Malt
<input type="checkbox"/> Walnut (English)	<input type="checkbox"/> Trout	<input type="checkbox"/> Oat	<input type="checkbox"/> Squash (yellow)	<input type="checkbox"/> Orange	<input type="checkbox"/> Ragweed (L)	<input type="checkbox"/> Mushroom
	<input type="checkbox"/> Tuna	<input type="checkbox"/> Rice	<input type="checkbox"/> Tomato	<input type="checkbox"/> Peach	Others	<input type="checkbox"/> Nutmeg
	<input type="checkbox"/> Tuna (yellowfin)	<input type="checkbox"/> Rye		<input type="checkbox"/> Pear	<input type="checkbox"/> Penicillin G	<input type="checkbox"/> Vanilla bean
	<input type="checkbox"/> Fish mix			<input type="checkbox"/> Pineapple	<input type="checkbox"/> Pre-pen	

Please visit our webpage at www.virantdx.com/testing-solutions/flow-cytometry/ for more information.
Contact us at allergy@virantdx.com or (877) 888-2973 for any inquiries.

ImmunoCAP IgE AND IgG4 ALLERGY TESTS							
TOTAL IgE							
<input type="checkbox"/> Total IgE							
slgE WHOLE ALLERGEN PANELS WITH REFLEX							
If whole allergen tests positive (>0.10 KU/L) – reflexes to the component panels. Please see the list below for detailed allergens included in each panel. All panels can be modified according to individual preference.							
<input type="checkbox"/> Region 2 Respiratory Panel – Basic and Comprehensive		<input type="checkbox"/> Occupation Panel			<input type="checkbox"/> Legume Panel		
<input type="checkbox"/> Nut Panel		<input type="checkbox"/> Common Food Panel			<input type="checkbox"/> Drug Panel		
<input type="checkbox"/> Fish Panel		<input type="checkbox"/> Early Childhood Profile (<2 years old)			<input type="checkbox"/> Custom Panel		
<input type="checkbox"/> Venom Panel		<input type="checkbox"/> Shellfish Panel			<input type="checkbox"/> Custom Panel		
Notes from provider for laboratory:							
slgE INDIVIDUAL WHOLE ALLERGEN WITH REFLEX							
Please check our website for a comprehensive list of available allergen tests www.virantdx.com/testing-solutions/immunocap-allergy-testing/							
<input type="checkbox"/> Egg white	<input type="checkbox"/> Milk	<input type="checkbox"/> Peanut	<input type="checkbox"/> Latex	<input type="checkbox"/> Wheat	<input type="checkbox"/> Gluten	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Soybean	<input type="checkbox"/> Milk, boiled	<input type="checkbox"/> Sesame	<input type="checkbox"/> Shrimp	<input type="checkbox"/> Lobster	<input type="checkbox"/> Crab	<input type="checkbox"/> Other:	<input type="checkbox"/> Other
Notes from provider for laboratory:							
slgE COMPONENT TESTS							
Component tests can be reflexed by positive whole allergen tests or directly selected without the whole allergens.							
<input type="checkbox"/> slgE Dog		<input type="checkbox"/> slgE Sesame		<input type="checkbox"/> slgE Hazelnut		<input type="checkbox"/> slgE Shrimp	
<input type="checkbox"/> slgE D. pteronyssinus		<input type="checkbox"/> slgE Venom		<input type="checkbox"/> slgE Brazil nut		<input type="checkbox"/> slgE Birch	
<input type="checkbox"/> slgE Cashew		<input type="checkbox"/> slgE Alternaria alternata		<input type="checkbox"/> slgE Peanut		<input type="checkbox"/> slgE Giant ragweed	
<input type="checkbox"/> slgE Walnut (food)		<input type="checkbox"/> slgE Timothy grass		<input type="checkbox"/> slgE Milk		<input type="checkbox"/> Other:	
<input type="checkbox"/> slgE Egg		<input type="checkbox"/> slgE Alpa-Gal		<input type="checkbox"/> slgE Wheat		<input type="checkbox"/> Other:	
<input type="checkbox"/> slgE Soy		<input type="checkbox"/> slgE Cat		<input type="checkbox"/> slgE Gliadin		<input type="checkbox"/> Other:	
Notes from provider for laboratory:							
SPECIFIC IgG4 TESTS (Current for Research Only)							
Specific IgG4 tests are not FDA cleared. They are laboratory derived tests and in the process of completing validation by Virant Diagnostics for clinical diagnostic use. Most allergens or components can be tested for both slgE and slgG4.							
<input type="checkbox"/> IgG4 Timothy grass		<input type="checkbox"/> IgG4 D. farinae		<input type="checkbox"/> IgG4 Pecan		<input type="checkbox"/> IgG4 Cat dander	
<input type="checkbox"/> IgG4 Giant ragweed		<input type="checkbox"/> IgG4 Hazelnut		<input type="checkbox"/> IgG4 Brazil nut		<input type="checkbox"/> IgG4 Dog dander	
<input type="checkbox"/> IgG4 Common silver birch		<input type="checkbox"/> IgG4 Cashew		<input type="checkbox"/> IgG4 Sesame seed		<input type="checkbox"/> IgG4 Peanut	
<input type="checkbox"/> IgG4 Oak		<input type="checkbox"/> IgG4 Pistachio		<input type="checkbox"/> IgG4 Milk		<input type="checkbox"/> IgG4 rAra h 1	
<input type="checkbox"/> IgG4 D. pteronyssinus		<input type="checkbox"/> IgG4 Walnut		<input type="checkbox"/> IgG4 Egg White		<input type="checkbox"/> IgG4 rAra h 2	
Notes from provider for laboratory:							
DETAILED LIST OF ALLERGY PANELS							
Custom designed panels are available upon request.							
Region 2 Respiratory Panel	D. farinae, D. pteronyssinus, Cat dander, Dog dander, Mouse urine proteins, German Cockroach; (Tree Pollens x 10) Box-elder, Common silver birch, Cottonwood, Elm, Maple leaf sycamore, Mountain juniper, Mulberry, Oak, Walnut, White ash; (Grass pollens x 8) Bahia grass, Bermuda grass, Cocksfoot (Orchard), Johnson grass, Meadow fescue, Meadow grass (Kentucky blue), Rye-grass, Timothy grass; (Weed pollens x 10) Cocklebur, Common pigweed, Common ragweed, Giant ragweed, Goosefoot (Lamb's quarters), Mugwort, Nettle, Plantain (English) Ribwort, Rough marshelder, Sheep sorrel, (Mold x 6) Alternaria alternata, Aspergillus fumigatus, Cladosporium herbarum, Mucor racemosus, Penicillium chrysogenum, Stemphylium herbarum						
Early Childhood Allergy Profile	D. farinae, D. pteronyssinus, Cat dander, Dog dander, Mouse urine proteins, German cockroach, Cladosporium herbarum, Alternaria alternata, Egg white, Peanut, Soybean, Milk, Shrimp, Walnut, Cod, Wheat						
Common Food	Egg white, Cow's milk, Peanut, Soybean, Sesame, Wheat, Walnut, Cashew nut, Shrimp, Cod, Salmon, Tuna						
Nut Panel	Almond, Brazil nut, Cashew nut, Hazel nut, Peanut, Pecan nut, Pine nut, Pistachio, Walnut						
Fish Panel	Cod, Octopus, Pacific squid, Plaice, Salmon, Trout, Tuna						
Shellfish Panel	Blue mussel, Clam, Crab, Lobster, Oyster, Scallop, Shrimp						
Legume Panel	Chickpea, Lentil, Pea, Soybean, White bean						
Venom Panel	Common wasp, Honey bee, Paper wasp, White-faced hornet, Yellow hornet						
Drug Panel	Amoxicilloyl, Ampicilloyl, Cefaclor, Chlorhexidine, Gelatin bovine, Insulin human, Penicilloyl G, Penicilloyl V, Pholcodine, Morphine, Suxamethonium						
Occupation Panel	Bougainvillea, Cotton seed, Ethylene oxide, Ficus, Formaldehyde/Formalin, Isocyanate HDI, Isocyanate MDI, Isocyanate TDI, Ispaghula, Phthalic anhydride, Silk, Sunflower seed						

Please visit our webpage at www.virantdx.com/testing-solutions/immunocap-allergy-testing/ for more information.
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