



# Virant Diagnostics, Inc.

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## Basophil Activation Test (BAT) 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
Accession #:	Comment:	

## SPECIMEN AND ORDER REQUIREMENTS

### Specimen Collection

- 1 EDTA tube, purple-top tube with minimum 3 mL of whole blood (A complete blood count, or CBC, with differential is required and will be performed)
- 1 heparin, green-top tube with minimum 7 mL of whole blood

### Specimen Shipment

- Ship specimens with an ice pack.

## PLEASE SELECT ONE OF THE FOLLOWING LISTED PANELS

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

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

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Basophil Activation Test for Chronic Spontaneous Urticaria (CSU)** (currently for research only)

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	<b>Shellfish</b>	<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
<b>Common Nuts</b>	<b>Common Fish</b>	<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	<b>Environmental</b>	<b>Miscellaneous</b>
<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	<b>Grains</b>	<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	<b>Others</b>	<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/](http://www.virantdx.com/testing-solutions/flow-cytometry/) for more information.  
Contact us at [allergylab@virantdx.com](mailto:allergylab@virantdx.com) or (877) 888-2973 for any inquiries.