



Virant Diagnostics, Inc.

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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

For Standard Immunophenotyping or Basophil Activation Test, please select the code below:

D89.9 Disorder involving the immune mechanism, unspecified

For ImmunoCAP IgE and IgG4 Tests, please select from the codes below:

- | | |
|---|--|
| <input type="checkbox"/> T78.00XA: Anaphylactic reaction due to unspecified food, initial encounter | <input type="checkbox"/> T78.1XXA: Other adverse food reactions, initial encounter |
| <input type="checkbox"/> J30.1: Allergic rhinitis due to season | <input type="checkbox"/> J30.81: Allergic rhinitis due to animal |
| <input type="checkbox"/> L20.9: Atopic dermatitis | <input type="checkbox"/> L50.0: Allergic urticaria |
| <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"/> Z91.013: Allergy to seafood |
| <input type="checkbox"/> Z91.018: Allergy to other foods | <input type="checkbox"/> Z91.030: Bee venom allergy |
| <input type="checkbox"/> Z91.038: Other insect venom allergy | <input type="checkbox"/> Z91.040: Allergy to latex |

Additional Codes:

PATIENT CONSENT/AUTHORIZATION

I authorize Virant Diagnostics to analyze my/my child's blood samples for the tests ordered by my healthcare provider. My healthcare provider has explained the tests and their limitations to me. Test results will only be released to healthcare providers as specified on the test requisition form. Furthermore, 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 #:	Policy #:
Secondary Plan Name:	Policy Holder Name:
Policy #:	Policy #:
<input type="checkbox"/> Bill Client (Based on prior agreement)	<input type="checkbox"/> Bill Patient (Based on prior agreement)

HEALTHCARE PROVIDER INFORMATION

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

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

SPECIMEN INSTRUCTIONS

Collection and Shipment Requirements:

- For Standard Immunophenotyping (SIP), TWO EDTA tubes (lavender top) must be collected, each with 3 mL of whole blood. The specimens must be sent to the laboratory with an ice pack on the day of collection for next day delivery.*
- For Basophil Activation Testing (BAT), one EDTA tube (lavender top) with at least 3 mL of whole blood AND one heparin tube (green top) with at least 7 mL of whole blood must be collected. The specimens must be sent to the laboratory with an ice pack on the day of collection for next day delivery.*
- For ImmunoCAP, completely fill one red-top tube or gel barrier tube with whole blood for each panel ordered. The specimens must be sent to the laboratory with an ice pack on the day of collection for next day delivery.*

Notes for Provider:

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

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

STANDARD IMMUNOPHENOTYPING (SIP) TEST MENU

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

BASOPHIL ACTIVATION TESTS (BAT) TEST MENU

BAT for Chronic Spontaneous Urticaria (CSU)

Screening Test: Select up to **TEN** food and/or environmental allergens from the list below. Each allergen will be tested at one concentration only.

Comprehensive Test: Write up to **THREE** food allergens from the list below. Each allergen will be tested at five concentrations.

1. _____ 2. _____ 3. _____

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

ImmunoCAP IgE AND IgG4 TESTS

TOTAL IgE

Total IgE

SPECIFIC IgE (sIgE) WHOLE ALLERGEN PANELS WITH REFLEX

If a whole allergen tests positive (>0.10 KU/L), it will reflex to the respective component tests. Please see the list below for the allergens included in each panel.

<input type="checkbox"/> Region 2 Respiratory Panel - Basic	<input type="checkbox"/> Early Childhood Allergy Profile	<input type="checkbox"/> Common Food Panel	<input type="checkbox"/> Occupation Panel
<input type="checkbox"/> Nut Panel	<input type="checkbox"/> Fish Panel	<input type="checkbox"/> Shellfish Panel	<input type="checkbox"/> Legume Panel
<input type="checkbox"/> Venom Panel	<input type="checkbox"/> Drug Panel	<input type="checkbox"/> Custom Panel	

sIgE INDIVIDUAL WHOLE ALLERGEN TESTS WITH REFLEX

For a comprehensive list of available allergen tests, please visit www.virantdx.com/testing-solutions/immunocap-allergy-testing/.

<input type="checkbox"/> Peanut	<input type="checkbox"/> Soybean	<input type="checkbox"/> Sesame	<input type="checkbox"/> Egg white	<input type="checkbox"/> Milk	<input type="checkbox"/> Milk, boiled	<input type="checkbox"/> Wheat	<input type="checkbox"/> Gluten
<input type="checkbox"/> Shrimp	<input type="checkbox"/> Lobster	<input type="checkbox"/> Crab	<input type="checkbox"/> Latex	Other(s): _____			

sIgE COMPONENT TESTS

Component tests can be reflexed by positive whole allergen tests or directly selected without the whole allergens.

<input type="checkbox"/> Brazil Nut	<input type="checkbox"/> Cashew	<input type="checkbox"/> Hazelnut	<input type="checkbox"/> Peanut	<input type="checkbox"/> Walnut	<input type="checkbox"/> Sesame	<input type="checkbox"/> Egg	<input type="checkbox"/> Soy
<input type="checkbox"/> Milk	<input type="checkbox"/> Wheat	<input type="checkbox"/> Gliadin	<input type="checkbox"/> Alpha-Gal	<input type="checkbox"/> Shrimp	<input type="checkbox"/> Venom	<input type="checkbox"/> Cat dander	<input type="checkbox"/> Dog dander
<input type="checkbox"/> Timothy grass	<input type="checkbox"/> Giant ragweed	<input type="checkbox"/> Birch	<input type="checkbox"/> <i>D. pteronyssinus</i>	<input type="checkbox"/> <i>Alternaria alternata</i>	Other(s): _____		

SPECIFIC IgG4 TESTS - RESEARCH USE ONLY

<input type="checkbox"/> IgG4 Brazil Nut	<input type="checkbox"/> IgG4 Cashew	<input type="checkbox"/> IgG4 Hazelnut	<input type="checkbox"/> IgG4 Pecan	<input type="checkbox"/> IgG4 Pistachio	<input type="checkbox"/> IgG4 Walnut	<input type="checkbox"/> IgG4 Peanut	<input type="checkbox"/> IgG4 rAra h 1
<input type="checkbox"/> IgG4 rAra h 2	<input type="checkbox"/> IgG4 rAra h 3	<input type="checkbox"/> IgG4 rAra h 6	Other(s): _____				

LIST OF ALLERGEN PANELS

Region 2 Basic	<i>D. farinae, D. pteronyssinus, Cat, Dog, Mouse urine proteins, German cockroach; Tree Pollens: Box-elder, Common silver birch, Cottonwood, Elm, Mountain juniper, Mulberry, Oak; Grass Pollens: Bermuda grass, Johnson grass, Timothy grass; Weed Pollens: Common pigweed, Common ragweed, Sheep sorrel; Mold: Alternaria alternata, Aspergillus fumigatus, Cladosporium</i>
Early Childhood	<i>D. farinae, D. pteronyssinus, Cat, Dog, Mouse urine proteins, German cockroach, Cladosporium herbarum, Alternaria alternata, Egg white, Peanut, Soybean, Milk, Shrimp, Walnut, Cod, Wheat</i>
Occupation	<i>Bougainvillea, Cotton seed, Ethylene oxide, Ficus, Formaldehyde/Formalin, Isocyanate HDI, Isocyanate MDI, Isocyanate TDI, Ispaghula, Phthalic anhydride, Silk, Sunflower seed</i>
Common Food	<i>Egg white, Milk, Peanut, Soybean, Sesame, Wheat, Walnut, Cashew nut, Shrimp, Cod, Salmon, Tuna</i>
Nut	<i>Almond, Brazil nut, Cashew nut, Hazel nut, Peanut, Pecan nut, Pine nut, Pistachio, Walnut</i>
Fish	<i>Cod, Octopus, Pacific squid, Plaice, Salmon, Trout, Tuna</i>
Shellfish	<i>Blue mussel, Clam, Crab, Lobster, Oyster, Scallop, Shrimp</i>
Legume	<i>Chickpea, Lentil, Pea, Soybean, White bean</i>
Venom	<i>Common wasp, Honey bee, Paper wasp, White-faced hornet, Yellow hornet</i>
Drug	<i>Amoxicilloyl, Ampicilloyl, Cefaclor, Chlorhexidine, Gelatin bovine, Insulin human, Penicilloyl G, Penicilloyl V, Pholcodine, Morphine, Suxamethonium</i>

FOR LABORATORY USE ONLY

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