



Virant Diagnostics, Inc.

11002 Veirs Mill Rd, Suite 404
 Wheaton, MD 20902
 Phone: (877) 888-2973, Fax: (888) 713-3456
 CAP #: 954036801, CLIA #: 21D2184276
www.virantdx.com

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

D89.9 Disorder involving the immune mechanism, unspecified 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 #:

Bill Client (Based on prior agreement with client) **Bill Patient** (Based on prior agreement with patient)

HEALTHCARE PROVIDER INFORMATION

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

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

TEST MENU

Specimen Collection and Shipment Requirements:

- 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.
- Note: A complete blood count (CBC) with differential is also required and will be performed alongside the BAT test.

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		

ORDERING INSTRUCTIONS

1. For clinics and providers new to Virant Diagnostics, contact us at Allergylab@virantdx.com or (877) 888-2973 for more details on how to complete the test requisition, either on paper through this form or online through our Laboratory Information System (LIS).
2. After completing the test requisition, arrange specimen collection or phlebotomy services and prepare the specimen for shipment. Include the test requisition form and an insurance card copy (front and back).

FOR LABORATORY USE ONLY

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