

## Allergy Testing Requisition

Department of Laboratories 4800 Sand Point Way NE OC.8.720 Seattle, WA 98105 (206) 987-2102

www.seattlechildrens.org/labman

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Seattle Children's MRN:	Seattle Children's Account #:	Processed By: Date:					
FAILURE TO COMPLETE MAY DELAY RESULTS							
Patient's Last Name	First	Middle Birth date (required) Sex					
	<del>-</del>						
Outside Patient Number	Outside Specimen Number	Send Report To:					
Ordering Provider		Address:					
Phone Number	DIAGNOSIS / ICD-9: Phone / Fax:						
IMPORTANT INFORMATION REGARDING BILLING AND MEDICAL NECESSITY ON BACKSIDE							
SPECIMEN INFORMATION:	Date collected: /	/ Time collected:					
INDIVIDUAL IgE ALLERGENS IgE ALLERGEN PANELS*							
Alder		ASTHMA 1.5 mL serum					
	☐ Maple						
Almond	☐ Milk (Cow's)	Individual tests done: Alder, Alternaria tenuis, Cat (dander/epithelium), D. farinae, D. pteronyssinus, Dog epithelium, English Plantain, Timothy Grass					
☐ Alternaria tenuis	☐ Mugwort	pteronyssinus, Dog epitilellum, English Plantain, Tilliothy Grass					
Aspergillus fumigatus	☐ Mussel (Blue Mussel)						
☐ Barley	∐ Oak	DOG 1.0 mL serum					
Beef	☐ Oat	Individual tests done: Dog dander, Dog epithelium					
☐ Bermuda grass	☐ Orange						
Birch	☐ Oyster	DUST MITES 1.0 mL serum					
☐ Brazil nut	Peanut	Individual tests done: D. farinae, D. pteronyssinus					
Casein (Milk Protein)	Pecan						
Cashew	Pinenut	FOOD ALLERGY 2.0 mL serum					
Cat dander-epithelium	☐ Pistachio	Individual tests done: Almond, Cashew, Codfish, Corn, Crab, Egg White, Egg Yolk,					
Chicken	Pork	Milk, Peanut, Pistachio, Shrimp, Soy, Walnut, Wheat, IgE Total					
☐ Chocolate	Red Top						
	•	OD400					
☐ Clam	Rough Pigweed	GRASS 1.0 mL serum					
Cockroach	Russian Thistle	Individual tests done: Bermuda grass, June grass, Red Top, Timothy Grass					
Coconut	Rye						
Codfish (Cod)	☐ Salmon ( <i>Atlantic</i> )	MOLD 1.0 mL serum					
Corn	Salmon (Atlantic & Pacific)	Individual tests done: Alternaria tenuis, Aspergillus fumigatus					
Cottonwood	☐ Scallop						
☐ Crab	Sesame Seed	NUT 1 1.0 mL serum					
D. farinae	☐ Sunflower Seed	Individual tests done: Almond, Brazil nut, Coconut, Hazelnut, Peanut					
D. pteronyssinus	Shrimp						
☐ Dog dander	Soy (Soybean)	NUT 2 1.0 mL serum					
Dog epithelium	☐ Strawberry	Individual tests done: Cashew, Pecan, Pistachio, Walnut					
☐ Egg White	☐ Timothy Grass						
☐ Egg Yolk	☐ Tomato	SEAFOOD 1.0 mL serum					
☐ English Plantain	☐ Trout (Pacific Salmon)	Individual tests done: Codfish, Mussel, Salmon, Shrimp, Tuna					
Gluten	☐ Tuna	marviodal tests done. Obdilish, Mussel, Galmon, Shirinp, Tuna					
Green beans	☐ Walnut ( <i>Black Walnut</i> )	WA STATE ALLERGY 2.5 mL serum					
Green Pea	☐ Walnut Tree						
_		Individual tests done: Alder, Alternaria tenuis, Aspergillus fumigatus, Bermuda grass,					
Hazelnut (Filbert)	☐ Western Ragweed	Birch, Cockroach, Cat (dander/epithelium), Cottonwood, D. farinae, D. pteronyssinus,					
June grass (Kentucky Blue)	☐ Wheat	Dog epithelium, English Plantain, Maple, Mugwort, Oak, Rough Pigweed, Russian Thistle, Timothy Grass, Western Ragweed, Walnut Tree, IgE Total					
Lamb's quarter	U Other	THISUE, THIOLITY CLASS, VVESIENT NAGWEEU, VVAIHUL TIEE, IYE TOLAI					
Lobster							
		WEED 1.0 mL serum					
		Individual tests done: English Plantain, Lamb's Quarter, Mugwort, Pough Pigweed					

Russian Thistle, Western Ragweed

<sup>\*</sup>A panel will provide an individual result for each component included in the panel.

## **BILLING INFORMATION**

PHYSICIAN NOTIFICATION: Only tests that you believe are appropriate for patient care should be ordered. Medicare/Medicaid will pay only for tests that are medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes.

ALL SAMPLES WILL BE BILLED TO THE REFERRING INSTITUTION UNLESS COMPLETE BILLING AND DIAGNOSIS INFORMATION IS PROVIDED ON THIS FORM. CONTACT SEATTLE CHILDREN'S LABORATORY CLIENT SERVICES FOR ADDITIONAL ASSISTANCE. (206) 987-2617

## **ALL INFORMATION MUST BE COMPLETE**

BILL TO:	Referring Institution (Preferred) - Provide billing address if different from report address  (Institutional billing will be done for all patients with Medicare except for established Seattle Children's patients)					
	Insurance (Attach front and back copy of c	ard)	DSHS (Only Alaska, Idaho, Montana and Washington accepted)			
	Patient - please provide credit card information	ation below or enclose a	check			
Patient Address			Patient Phone			
Guarantor Name DOB			Relationship to Patient			
Guaranto	Address (if different from patient's)					
Guarantor Phone (if different from patient's)			Employer			
Insurance	Company/Medical Coverage					
Claims Address			Phone Number			
Policy Number			Group Number			
Subscriber			Subscriber's DOB			
Primary Care Physician		Phone Number				
Name on	Credit Card		Amount of Payment	CVN		
Card Number			Card Type	Expiration		

## **CONTACT INFORMATION:**

If you have questions or wish to consult the staff about the testing or specimen requirements, please call (206) 987-2565.



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