



ACCESSION NUMBER  
PLACE LABEL HERE

## Allergy Test Requisition and Screen

Patient Information or ▼ ADDRESSOGRAPH HERE ▼

	Last Name		First Name		MI	M	F	D.O.B.
						<input type="checkbox"/>	<input type="checkbox"/>	
	Address (Street)							Apt # Floor Room#
City			State		Zip		Telephone #	
Physician		Date Ordered		Care of/Guardian		Social Security #		Client Chart/Pt. ID#

Billing Information*	<input type="checkbox"/> Bill Medicare	<input type="checkbox"/> Bill Medicaid	<input type="checkbox"/> Bill Insurance	<input type="checkbox"/> SELF	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> CHILD	<input type="checkbox"/> OTHER
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Insurance Name	Insurance ID #	Group #/Category #	Insured Name (if different from patient)				
Insurance Address	City	State	Zip	Telephone #			

ICD9/Diagnosis Codes	Doctor's Signature	<b>MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)</b>
		I have read the ABN on the reverse. If Medicare denies payment, I agree to pay for the identified test(s).

Specimen Information		<input type="checkbox"/> <b>STAT</b>	<input type="checkbox"/> Call results to:	<input type="checkbox"/> Fax results to:	<input checked="" type="checkbox"/>
Date collected	Time: AM PM	<input type="checkbox"/> Fasting: ____ hrs	( )	( )	Patient's Signature _____ Date _____

- |  |  |   |   |
|--|--|---|---|
| <p><b>S193</b> <input type="checkbox"/> <b>TOTAL IGE</b></p> <p><b>A100</b> <input type="checkbox"/> <b>ADULT FOOD</b><br/>CORN, EGG WHITE, CODFISH, COW'S MILK, PEANUT, SHRIMP, SOYBEAN, WHEAT, CLAM, WALNUT</p> <p><b>A101</b> <input type="checkbox"/> <b>TREE MIX</b><br/>COMMON BIRCH, ELM, BOX ELDER(MAPLE), OAK, WALNUT</p> <p><b>A102</b> <input type="checkbox"/> <b>HOUSEHOLD MIX(DUST)</b><br/>COCKROACH, DERMATOPHAGOIDES FARINAE, DERMATOPHAGOIDES PTERONYSSIUS, HOUSE DUST HOLLISTIER</p> <p><b>A103</b> <input type="checkbox"/> <b>GRASS MIX</b><br/>ORCHARD, MEADOW, RYE, TIMOTHY, JUNE-KENTUCKY BLUE</p> <p><b>1065</b> <input type="checkbox"/> <b>IMMUNOCAP</b><br/>BIRCH WHITE, RAGWEED SHORT, D.PTERONYSSIUS, OAK TREE, WHITE ASH, CAT, DOG DANDER, GOOSEFOOT, ORCHARD, COCKROACH, ELM TREE BOX ELDER(MAPLE), ALTERNARIA TENUIS</p> <p><b>S982</b> <input type="checkbox"/> <b>CANARY FEATHERS</b></p> <p><input type="checkbox"/> CAT DANDER</p> <p><b>T351</b> <input type="checkbox"/> CHICKEN FEATHERS</p> <p><b>T352</b> <input type="checkbox"/> COW DANDER</p> <p><input type="checkbox"/> DOG DANDER</p> <p><b>S657</b> <input type="checkbox"/> DUCK FEATHERS</p> <p><b>T353</b> <input type="checkbox"/> FERRET EPITHELIUM</p> <p><b>S983</b> <input type="checkbox"/> FINCH FEATHERS</p> <p><b>T354</b> <input type="checkbox"/> GERBIL EPITHELIUM</p> <p><b>S658</b> <input type="checkbox"/> GOOSE FEATHERS</p> <p><b>S659</b> <input type="checkbox"/> GUINEA PIG EPITHELIUM</p> <p><b>S660</b> <input type="checkbox"/> HAMSTER EPITHELIUM</p> <p><b>S979</b> <input type="checkbox"/> MOUSE</p> <p><b>S980</b> <input type="checkbox"/> RAT</p> <p><b>T355</b> <input type="checkbox"/> MOUSE SERUM</p> <p><b>S984</b> <input type="checkbox"/> PARROT DROPPINGS</p> <p><b>S985</b> <input type="checkbox"/> PARROT FEATHERS</p> <p><b>T356</b> <input type="checkbox"/> PIGEON FEATHERS</p> <p><b>T279</b> <input type="checkbox"/> PIGEON DROPPINGS</p> <p><b>T350</b> <input type="checkbox"/> TURKEY FEATHERS</p> <p><b>CHEMICALS &amp; DRUGS</b></p> <p><b>T359</b> <input type="checkbox"/> PENICILLOYL G</p> <p><b>T360</b> <input type="checkbox"/> PENICILLOYL V</p> <p><b>T361</b> <input type="checkbox"/> PROTAMINE</p> <p><input type="checkbox"/> SUXAMETHONIUM</p> <p><b>T362</b> <input type="checkbox"/> TETANUS TOXOID</p> | <p><b>FOODS</b></p> <p><b>T363</b> <input type="checkbox"/> ALLSPICE</p> <p><input type="checkbox"/> ALMOND</p> <p><b>T364</b> <input type="checkbox"/> ANCHOVY</p> <p><b>S965</b> <input type="checkbox"/> APPLE</p> <p><b>S973</b> <input type="checkbox"/> APRICOT</p> <p><b>T365</b> <input type="checkbox"/> ASPARAGUS</p> <p><b>T111</b> <input type="checkbox"/> AVOCADO</p> <p><b>S918</b> <input type="checkbox"/> BANANA</p> <p><b>T317</b> <input type="checkbox"/> BARLEY(FOOD)</p> <p><b>T366</b> <input type="checkbox"/> BASIL</p> <p><b>T367</b> <input type="checkbox"/> BAY LEAF</p> <p><b>S559</b> <input type="checkbox"/> BEEF</p> <p><b>T368</b> <input type="checkbox"/> BEETROOT</p> <p><b>T079</b> <input type="checkbox"/> BLACK PEPPER</p> <p><b>S671</b> <input type="checkbox"/> BLACKBERRY</p> <p><b>S916</b> <input type="checkbox"/> BLUEBERRY</p> <p><b>S917</b> <input type="checkbox"/> BROCCOLI</p> <p><b>T369</b> <input type="checkbox"/> BUCKWHEAT</p> <p><b>S919</b> <input type="checkbox"/> CABBAGE</p> <p><b>S966</b> <input type="checkbox"/> CACAO</p> <p><b>S370</b> <input type="checkbox"/> CARROT</p> <p><b>T319</b> <input type="checkbox"/> CAULIFLOWER</p> <p><b>S920</b> <input type="checkbox"/> CELERY</p> <p><b>T321</b> <input type="checkbox"/> CHEESE, CHEDAR TYPE</p> <p><b>S974</b> <input type="checkbox"/> CHEESE, MOLD TYPE</p> <p><b>S921</b> <input type="checkbox"/> CHERRY</p> <p><b>S573</b> <input type="checkbox"/> CHICKEN MEAT</p> <p><b>S922</b> <input type="checkbox"/> CINNAMON</p> <p><b>0956</b> <input type="checkbox"/> CLAM</p> <p><b>T371</b> <input type="checkbox"/> COCONUT</p> <p><b>0990</b> <input type="checkbox"/> CODFISH</p> <p><b>S557</b> <input type="checkbox"/> COFFEE</p> <p><b>0930</b> <input type="checkbox"/> CORN</p> <p><b>1040</b> <input type="checkbox"/> COW'S MILK</p> <p><b>T372</b> <input type="checkbox"/> CRAB</p> <p><b>S923</b> <input type="checkbox"/> CRANBERRY</p> <p><b>S924</b> <input type="checkbox"/> CUCUMBER</p> <p><b>T373</b> <input type="checkbox"/> DILL</p> <p><b>S556</b> <input type="checkbox"/> EGG(YOLK &amp; WHITE)</p> <p><b>0924</b> <input type="checkbox"/> EGG WHITE</p> <p><b>S558</b> <input type="checkbox"/> EGG YOLK</p> <p><b>S560</b> <input type="checkbox"/> GARLIC</p> <p><b>S792</b> <input type="checkbox"/> GLUTEN</p> <p><b>S833</b> <input type="checkbox"/> GRAPE</p> <p><b>T374</b> <input type="checkbox"/> HAZEL NUT</p> <p><b>T375</b> <input type="checkbox"/> HONEY</p> | <p><b>T034</b> <input type="checkbox"/> KIWI</p> <p><b>T069</b> <input type="checkbox"/> LEMON</p> <p><b>T154</b> <input type="checkbox"/> LETTUCE</p> <p><b>T376</b> <input type="checkbox"/> LOBSTER</p> <p><b>T071</b> <input type="checkbox"/> MANDARIN</p> <p><b>T377</b> <input type="checkbox"/> MANGO</p> <p><b>T378</b> <input type="checkbox"/> MELON</p> <p><b>T379</b> <input type="checkbox"/> MUSHROOM</p> <p><b>T078</b> <input type="checkbox"/> MUSTARD</p> <p><b>T316</b> <input type="checkbox"/> OAT</p> <p><b>T380</b> <input type="checkbox"/> ONION</p> <p><b>S563</b> <input type="checkbox"/> ORANGE</p> <p><b>T381</b> <input type="checkbox"/> PARSLEY</p> <p><b>T382</b> <input type="checkbox"/> PEA</p> <p><b>T383</b> <input type="checkbox"/> PEACH</p> <p><b>1041</b> <input type="checkbox"/> PEANUT</p> <p><b>T384</b> <input type="checkbox"/> PEAR</p> <p><b>T385</b> <input type="checkbox"/> PISTACHIO</p> <p><b>T386</b> <input type="checkbox"/> PLUM</p> <p><b>T387</b> <input type="checkbox"/> POPPY SEED</p> <p><b>T388</b> <input type="checkbox"/> PORK</p> <p><b>T389</b> <input type="checkbox"/> POTATO</p> <p><b>S673</b> <input type="checkbox"/> RASPBERRY</p> <p><b>T313</b> <input type="checkbox"/> RICE</p> <p><b>T080</b> <input type="checkbox"/> RYE</p> <p><b>S565</b> <input type="checkbox"/> SALMON</p> <p><b>0921</b> <input type="checkbox"/> SHRIMP</p> <p><b>S567</b> <input type="checkbox"/> STRAWBERRY</p> <p><b>T390</b> <input type="checkbox"/> TEA</p> <p><b>S568</b> <input type="checkbox"/> TOMATO</p> <p><b>T391</b> <input type="checkbox"/> TROUT</p> <p><b>S569</b> <input type="checkbox"/> TUNA</p> <p><b>T349</b> <input type="checkbox"/> TURKEY</p> <p><b>T348</b> <input type="checkbox"/> VANILLA</p> <p><b>0908</b> <input type="checkbox"/> WALNUT</p> <p><b>S927</b> <input type="checkbox"/> WATERMELON</p> <p><b>0928</b> <input type="checkbox"/> WHEAT</p> <p><b>T347</b> <input type="checkbox"/> YEAST</p> <p><b>GRASS POLLENS</b></p> <p><b>S994</b> <input type="checkbox"/> BARLEY</p> <p><b>T259</b> <input type="checkbox"/> BERMUDA</p> <p><b>S989</b> <input type="checkbox"/> CANARY</p> <p><b>T342</b> <input type="checkbox"/> OAT(CULT)</p> <p><b>1048</b> <input type="checkbox"/> RYE(CULT)</p> <p><b>T341</b> <input type="checkbox"/> WHEAT(CULT)</p> <p><b>T340</b> <input type="checkbox"/> JOHNSON</p> <p><b>1047</b> <input type="checkbox"/> MEADOW</p> | <p><b>1046</b> <input type="checkbox"/> ORCHARD</p> <p><b>1619</b> <input type="checkbox"/> TIMOTHY</p> <p><b>INSECTS/VENOM</b></p> <p><b>T343</b> <input type="checkbox"/> MOSQUITO</p> <p><b>0965</b> <input type="checkbox"/> COCKROACH</p> <p><b>S344</b> <input type="checkbox"/> HONEY BEE</p> <p><b>T345</b> <input type="checkbox"/> MOTH</p> <p><b>T346</b> <input type="checkbox"/> COMMON WASP</p> <p><b>S663</b> <input type="checkbox"/> MOLD &amp; YEAST MIX<br/>Penicillium notatum,<br/>Cladosporium herbarum,<br/>Aspergillus fumigatus,<br/>Candida albicans,<br/>Alternaria tenuis,<br/>Helminthosporium halodes</p> <p><b>TREE POLLENS</b></p> <p><b>0966</b> <input type="checkbox"/> BOX ELDER</p> <p><b>T338</b> <input type="checkbox"/> CEDAR</p> <p><b>1623</b> <input type="checkbox"/> COMMON BIRCH</p> <p><b>0966</b> <input type="checkbox"/> ELDER</p> <p><b>1044</b> <input type="checkbox"/> OAK</p> <p><b>1045</b> <input type="checkbox"/> WALNUT</p> <p><b>S448</b> <input type="checkbox"/> WHITE ASH</p> <p><b>T339</b> <input type="checkbox"/> WILLOW</p> <p><b>S953</b> <input type="checkbox"/> <b>WEED POLLEN MIX</b><br/>Short (common) ragweed,<br/>English plantain, Goosefoot,<br/>lamb's quarters, Mugwort,<br/>Saltwort, Russian thistle</p> <p><input type="checkbox"/> <b>OTHER ALLERGENS:</b></p> |
|--|--|---|---|

- OT OTHER
- SL SLIDE
- SW SWAB
- UC URICL
- UA U24
- UR URINE
- BX TISSUE
- YE YELLOW
- RE RED
- GN GREEN
- BL BLUE
- GY GRAY
- LV LAV
- SS SEP

# MEDICARE INFORMATION

Medicare has established specific medical necessity requirements for laboratory tests. Government regulations require you to provide the laboratory with all applicable diagnosis codes for each test ordered. Medicare does not cover Screening Tests.

## ADVANCE BENEFICIARY NOTICE (ABN)

### To the Beneficiary:

Your physician may sometimes order laboratory testing that he or she believes to be necessary for your care, but which does not qualify for coverage under Medicare's standards. Medicare will only pay for services that it determines to be "reasonable and necessary" based upon the diagnosis information furnished to QLS by your physician. If, *under Medicare's standards*, your diagnosis does not support the testing ordered, Medicare will deny coverage. In those cases where Medicare denies coverage, the billing will be forwarded to you, and you will be responsible for the cost of the laboratory tests.

### Beneficiary Agreement:

I have been notified by my physician/supplier that he or she believes that, in my case, Medicare may deny payment for the services identified above. If Medicare denies payment, I agree to be personally and fully responsible for payment.

Medicare Patient - Screening Pap; routine (*reimbursement once every 3 years*)

Medicare Patient - Screening Pap; high risk of cervical cancer and physician recommends screening more often than every three years based on medical history.

Medicare Patient - Pap Smear; history of abnormality or signs or symptoms of medical necessity (*appropriate ICD-9 codes required*)

## CRITERIA FOR HIGH RISK OF CERVICAL CANCER

1. Previous gynecological history of dysplasia or higher
2. HPV infection
3. HIV infection
4. Multiple sexual partners
5. Gross visible lesion
6. Early age of sexual intercourse
7. DES exposure
8. Smoker
9. Abnormal vaginal bleeding
10. Prior abnormal Pap smear or history of malignancy.  
(Please complete front of request form)

***The Pap smear is not a diagnostic procedure and should not be used as the sole means to detect cervical cancer. It is only a screening procedure to aid in the detection of cervical cancer and its precursors. Both false-negative and false-positive results are known to occur.***

### TO ENSURE THE BEST POSSIBLE RESULT OF A PAP SMEAR, BE SURE THE PATIENT:

1. Abstains from sexual intercourse for 24-48 hours prior to the examination.
2. Abstains from using vaginal medication, vaginal contraceptives, or douches for 24-48 hours prior to the examination.
3. Is not having a menstrual period; if so, the appointment should be rescheduled, if possible.

THE OPTIMAL TIME FOR A PAP SMEAR IS AROUND DAY 16-18 OF THE MENSTRUAL CYCLE.