



Sjögren's Syndrome

Test Request Form

Client Information

Rush Fax

Patient Information

Last Name

First Name

Social Security #

Sex Male Female

Race

Date of Birth

Street

City State Zip

Telephone ()

Specimen Date

(Required by State and Federal Law)

I accept responsibility for bills related to the testing of my specimen:

Patient Signature

Physician Signature

(Required by CMS)

Billing Information

Caution: Provide complete insurance information or send photocopy of patient's insurance card. Failure to do so will result in direct patient billing.

Send bill to: Patient Insurance
 Doctor Lab

Medicare? Yes No

ID #

Insurance Name

Street

City State Zip

Telephone ()

Insurance #

Group #

Subscriber Name

Subscriber DOB

ICD-10 Codes

For specimen collection kits please call 800.537.TEST or indicate kits required below:

_____ Serum Specimen Collection Kits

Immco Diagnostics, Inc. complies with the Health Insurance Portability and Accounting Act (HIPAA). The information provided herein will remain strictly confidential. For a copy of Immco's Policy, please contact customer service.

Specimen

Collect 5 -10 ml of blood in red top or serum separator tube. If possible, separate serum from clot and place serum in clear tube provided. Do not puncture top of the tube. If separation facilities are not available, the blood can be sent in the collection tube.

Minor Salivary glands need to be collected from normal appearing mucosal site. At least 6 minor salivary gland lobules need to be collected and placed in 10% formalin (green top jar provided in specimen kit) and transported.

Clinical Symptoms

Ocular: Dry eyes: Duration _____

Oral: Dry Mouth: Duration _____

Previous Histology Positive Focus Scores: Yes No

Previous Autoantibody Profile Positive: Ro La RF ANA

Previous History of: Radiation Hepatitis C AIDS Lymphoma Sarcoidosis GVH D Drug History

Tests

- 076 **Sjögren's Syndrome Profile** includes all tests listed below:
001 ANA titer and pattern on HEp-2 & Mouse kidney
011 Rheumatoid Factor (RF); IgG, IgA & IgM
045 SS-A (Ro)
046 SS-B (La)
094 Salivary Protein-1 (SP-1) (IgG, IgA, IgM)
095 Carbonic Anhydrase (CA-6) (IgG, IgA, IgM)
096 Parotid Specific Protein (PSP) (IgG, IgA, IgM)
- 093 **Early Sjögren's Syndrome Profile** includes all tests listed below:
094 Salivary Protein-1 (SP-1) (IgG, IgA, IgM)
095 Carbonic Anhydrase (CA-6) (IgG, IgA, IgM)
096 Parotid Specific Protein (PSP) (IgG, IgA, IgM)
- 097 **Comprehensive Sjögren's Syndrome Profile** includes all tests listed below:
001 ANA titer and pattern on HEp-2 & Mouse kidney
011 Rheumatoid Factor (RF); IgG, IgA & IgM
045 SS-A (Ro)
046 SS-B (La)
094 Salivary Protein-1 (SP-1) (IgG, IgA, IgM)
095 Carbonic Anhydrase (CA-6) (IgG, IgA, IgM)
096 Parotid Specific Protein (PSP) (IgG, IgA, IgM)
511 Light Microscopy (H&E) of minor salivary glands (minimum of 6 minor salivary lobules required)

Ship to Immco Diagnostics

Pack Specimen Collection Kit following these simple steps:

1. Place tube(s) into specimen bag.
2. Place test requisition and a copy of the patient's medical insurance information and any other pertinent paperwork into the outside pocket of specimen bag.
3. Fold and roll specimen bag and contents into white mailer box and place in the enclosed poly courier bag.
4. Place pre-paid return airbill on outside of poly courier bag and call the number on the bag for a pick up.

Questions? Call 1.800.537.TEST for Immco Customer Service or visit us online at immco.com.

www.immco.com

United States

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