



# 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](http://immco.com).

[www.immco.com](http://www.immco.com)

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