

Test Request Form

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PATIENT INFORMATION

Last Name _____ First Name _____
Social Security Number _____
Sex: M F Race _____
Date of Birth _____ **Specimen Date***
Street _____
City _____ State _____ ZIP _____
Telephone (____) _____

***Required by State and Federal law.**

REQUESTING DOCTOR

Last Name _____ First Name _____
NPI#* _____ Practice/Facility Name _____
Street _____
City _____ State _____ Zip _____
Telephone (____) _____ Fax (____) _____
e-mail _____

Physician Signature _____
***Required by CMS**

SPECIMEN REQUIREMENTS

Specimen Collection Kits are available free of charge from Immco Diagnostics. Call (800) 537-8378 for an immediate shipment of collection kits. Refer to the Reference Lab Manual for shipping guidelines.

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

Genetic Studies: Send uncoagulated whole blood in 2 **lavender/purple** top tubes. Do not freeze.

Biopsy Studies: When submitting specimens for **immunofluorescence only**, place one biopsy specimen from the edge of the lesion in the **red** capped tube provided with the collection kit and place one biopsy specimen from a normal site in the **purple** tube. These tubes contain a holding solution for immunofluorescence specimens.

When submitting specimens for **routine histological studies (H&E) only**, place one incisional or excisional biopsy specimen in the **green** tube provided with the collection kit or in a tube containing 10% formalin.

When submitting specimens for **immunofluorescence and H&E studies**, take one biopsy specimen from the edge of the lesion and divide it in half. Place one half in the **green** tube provided with the collection kit or in a tube containing 10% formalin for H&E, and place the other half in the **red** tube provided with the collection kit. Take a second biopsy specimen from a normal site and place it in the **purple** tube provided with the collection kit.

For additional information, please consult the Collection & Handling section in the Immco Laboratory Services Directory.

Serum Studies: 2-3 ml serum
Profile Tests: **2-3 ml serum**
Biopsy Studies: see above

BILLING INFORMATION

Send Bill to: Insurance Doctor Lab Patient

For insurance billing, provide complete insurance information or send photocopy of patient's insurance card. If not billing insurance, doctor or lab, please include credit card information to ensure prompt results

Medicare No. if Applicable _____

Name/Address of Insurance _____

Street _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____

Insurance ID# _____

Group # _____

Subscriber Name _____

Subscriber DOB _____

ICD-10 Codes _____

Credit Card # _____ Exp. Date _____

Visa MasterCard AmEx

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

Patient Signature _____

FOR SPECIMEN COLLECTION KITS, PLEASE CALL 800.537.TEST OR INDICATE KITS REQUIRED AT RIGHT:

- # _____ Serum Containers
- # _____ Skin/Mucosal Biopsies and Serum (IF and H&E)
- # _____ H&E Biopsy Studies
- # _____ Otology (Hearing Loss)

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.

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.

RHEUMATOLOGY

Systemic Lupus Erythematosus (SLE)

- 001 ANA titer and pattern on HEp-2 & Mouse kidney
- 002 ANA titer and pattern on HEp-2 only
- 004 dsDNA (nDNA) antibody titer
- 008 Phospholipid antibody; IgG, IgA & IgM
- 011 Rheumatoid Factor (RF); IgG, IgA & IgM
- 013 RNA antibody
- 014 Circulating Immune Complexes (CIC)

Antibodies to Extractable Nuclear (ENA) & Cytoplasmic Antigens

- 040 RNP, Sm, SS-A(Ro), and SS-B(La)
- 042 RNP
- 043 Sm
- 045 SS-A(Ro)
- 046 SS-B(La)
- 050 Ku
- 051 PCNA
- 052 PM/Scl
- 070 **CT Profile** includes 001, 004, 011, 040, 047, 048, 050, 051, 052
- 071 **Drug induced LE Profile** includes 001, 004
- 077 **SLE Profile I** includes 001, 004
- 078 **SLE Profile II** includes 001, 004, 040
- 079 **SLE Profile III** includes 001, 004, 011, 040, 050

Scleroderma

- 001 ANA titer and pattern on HEp-2 & mouse kidney
- 042 RNP antibody
- 063 RNA Polymerase III
- 075 **Scleroderma Profile** includes 001, 042, 052, 063

Sjögren's Syndrome

- 001 ANA titer and pattern on HEp-2 & Mouse kidney
- 011 Rheumatoid Factor (RF); IgG, IgA & IgM
- 040 RNP, Sm, SS-A(Ro), and SS-B(La)
- 045 SS-A(Ro)
- 046 SS-B(La)
- 088 Jo-1
- 076 **Sjögren's Syndrome Profile**
includes 001, 011, 045, 046, 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 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)

Relapsing Polychondritis

- 015 Collagen Type II antibody

Rheumatoid Arthritis

- 001 ANA titer and pattern on HEp-2 & Mouse kidney
- 009 Keratin (AKA) antibody titer
- 011 Rheumatoid Factor (RF); IgG, IgA & IgM
- 017 Cyclic Citrullinated Peptides (CCP) IgG antibody
- 147 HLA DR 4 (Erosive Rheumatoid Arthritis)•
- 149 HLA-B27 Genotyping•
- 073 **RA Profile I** includes 001, 011, 017
- 074 **RA Profile II** includes 001, 009, 011, 017
- 069 **RA Profile III** includes 001, 009, 011, 017, 147•, 149•

Dermato/Polymyositis

- 001 ANA titer and pattern on HEp-2 & Mouse kidney
- 045 SS-A(Ro) antibody
- 049 Mi-2 antibody for dermatomyositis
- 050 Ku for polymyositis/scleroderma overlap
- 052 PM/Scl for myositis
- 053 SRP (Signal Recognition Particle)
- 088 Jo-1
- 072 **Complete Myositis Profile** includes 001, 049, 050, 053, 081, 082, 083, 084, 085, 086, 087, 088
- 198 **Myositis Interstitial Lung Disease Panel** includes 050, 053, 081, 082, 083, 084, 085, 086, 087, 088, 192, 196
- 199 **Myositis Malignancy Panel I**
includes 038, 039, 049, 050, 053, 081, 082, 083, 084, 085, 086, 087, 088, 191, 192, 193, 194, 195, 196, 197
- 038 U1 snRNP* 088 Jo-1 LIA
- 039 U2 snRNP* 191 Anti p155/140*
- 081 PL7* 192 Anti-p140*
- 082 PL12* 193 Anti-NXP-2*
- 083 EJ* 194 Anti-SAE1*
- 084 OJ* 195 Anti-CN1A*
- 085 Ro-052* 196 KS*
- 086 PM/Scl 75* 197 U3 RNP*
- 087 PM/Scl 100* *Test only available as part of a panel

Vasculitis/Thrombosis

- 003 ANCA (anti-neutrophil cytoplasmic antibodies) titer
- 056 MPO (pANCA) antibody
- 057 PR3 (cANCA) antibody
- 008 Phospholipid antibody; IgG, IgA & IgM
- 014 Circulating Immune Complexes (CIC)
- 270 GBM - Glomerular basement membrane antibody titer, IgG, IgA
- 080 **Vasculitis Profile** includes 003, 008, 014, 270

For suspected SLE, check appropriate ACR criteria

- Malar rash
- Discoid rash
- Photosensitivity
- Oral or nasopharyngeal ulceration
- Arthritis
- Serositis (pleuritis or pericarditis)
- Neurologic disorder (psychosis or seizures)
- Renal disorder**
 - Proteinuria (≥ 0.5 g/day) Cellular casts
- Hematologic disorders**
 - Hemolytic anemia Lymphopenia $< 1500\text{mm}^3$
 - Leukopenia $< 4000\text{mm}^3$ Thrombocytopenia $< 100,000\text{mm}^3$
- Immunologic disorder**
 - LE cells False positive syphilis serology
 - Anti-DNA antibody Abnormal antinuclear antibody titer
 - Anti-Sm antibody

IMMUNOGENETICS

Disease Associations•

- 143 HLA DQ 2 (Diabetes)
- 144 HLA DQ 6 (Diabetes/Narcolepsy)
- 145 HLA DQ 8 (Diabetes)
- 146 HLA DR 3/DR 4 (AIH, Addison's, Graves Disease)
- 147 HLA DR 4 (Erosive Rheumatoid Arthritis)
- 148 HLA DR 15 (Narcolepsy)
- 149 HLA B27 (Ankylosing Spondylitis)
- 150 HLA DQ a1 *501*, b1 *0201* (Celiac Disease)

Please Note: Test codes listed are categorized by disease association and are not necessarily in numerical order. Tests noted in blue are profiles.

• Genetic Tests:1 tube EDTA anticoagulated whole blood

GASTROENTEROLOGY / HEPATOLOGY

Celiac Disease (CD)

- 100 Endomysial (EMA) IgA antibody titer
110 Endomysial (EMA) IgG antibody titer
101 Reticulin (ARA) IgA antibody titer
102 Deamidated Gliadin (Celiac G+) antibody: IgA & IgG
150 HLA DQ α 1*0501, β 1*0201•
121 **CD Profile II** includes 100, 101, 102
180 **CD Profile III** includes 100, 102
130 **Complete CD Profile** includes 100, 102, 150•

Inflammatory Bowel Disease (IBD)

- 003 ANCA (anti-neutrophil cytoplasmic antibodies) titer
214 Gastric Parietal Cell antibody titer
188 **Autoimmune Pancreatitis Panel** includes 001, 011, 400, 407

Autoimmune Liver Diseases

- 001 ANA titer and pattern on HEp-2 & Mouse kidney
152 AMA mitochondrial antibody titer
153 ASMA smooth muscle antibody titer
154 AMA & ASMA antibody titer
156 LKM (liver-Kidney microsomal) antibody titer
166 SP 100 IgG ELISA
167 GP 210 IgG ELISA
169 LC-1
172 Actin IgA (F-Actin) ELISA
185 **PBC Profile** includes 001, 152, 166, 167

Pernicious Anemia

- 214 Gastric Parietal Cell antibody titer

CARDIOLOGY

- 008 Phospholipid antibody; IgG, IgA & IgM

VESICULO-BULLOUS DISEASES

Pemphigus/Pemphigoid/EBA

- 105 IC and BMZ antibodies (dual substrate)
104 IC Paraneoplastic pemphigus antibody titer
106 Differentiation of BP from EBA on "split skin"
109 Pemphigoid IgG4 antibody
112 Desmoglein 1 (DSG1) antibody
113 Desmoglein 3 (DSG3) antibody
114 Bullous Pemphigoid 180 (BP 180) antibody
115 Bullous Pemphigoid 230 (BP 230) antibody
122 **Pemphigus/Pemphigoid Profile I** includes 105, 106
127 **Pemphigus Profile** includes 105, 112, 113
128 **Pemphigoid Profile** includes 105, 106, 114, 115
129 **Pemphigus/Pemphigoid Profile I**
includes 105, 106, 112, 113, 114, 115

Dermatitis Herpetiformis (DH)

- 100 Endomysial (EMA) IgA antibody titer
101 Reticulin (ARA) IgA antibody titer
102 Deamidated Gliadin (Celiac G+) antibody: IgA & IgG
124 **DH Profile II** includes 100, 101, 102
125 **DH Profile III** includes 100, 102

Chronic Ulcerative Stomatitis (CUS)

- 107 SES-ANA stratified epithelium specific antinuclear antibody

ENDOCRINOLOGY AND INFERTILITY

Type 1 Diabetes (IDDM)

- 215 Islet cell antibody titer
223 **Diabetes Profile** includes 143•, 144•, 145•, 215

Adrenal

- 213 Adrenal antibody titer

Infertility

- 008 Phospholipid antibody; IgG, IgA & IgM
490 Ovary antibody titer
492 Spermatozoa antibody titer

NEUROIMMUNOLOGY

Neuropathies

- 456 Myelin-associated Glycoprotein (MAG) antibody; IgM
464 Sulfated Glucuronyl Paragloboside (SGPG) antibody; IgM

Paraneoplastic Syndromes

- 500 Hu antibody
501 Yo antibody
502 Ri antibody
506 Tr antibody
503 **Paraneoplastic Neuronal Profile I** includes 500, 501, 502
505 **Motor & Sensory Neuropathy Profile**
includes 456, 500, 502
507 **Paraneoplastic Neuronal Profile II**
includes 500, 501, 502, 506
508 **Motor and Sensory Neuropathy Profile II**
includes 456, 464, 500, 501, 502, 506
509 **Sensory Neuropathy Antibody Panel**
includes 456, 464, 500, 501, 502, 506

OTOLOGY

Autoimmune Hearing Loss (SNHL)

- 001 ANA titer and pattern on HEp-2 & mouse kidney
003 ANCA Anti-neutrophil cytoplasmic antibody titer
008 Phospholipid antibody; IgG, IgA & IgM
011 Rheumatoid Factor (RF); IgG, IgA & IgM
014 Circulating Immune Complex (CIC)
015 Collagen Type II antibody
340 68kD (hsp-70) antibodies
350 P0 antibodies
370 **SNHL Profile I** includes 001, 003, 008, 011, 014, 015, 340, 350
375 **SNHL Profile II** includes 340, 350

VASCULITIS / NEPHROLOGY

- 003 ANCA (anti-neutrophil cytoplasmic antibodies)
014 Circulating Immune Complexes (CIC)
056 MPO (pANCA antibody)
057 PR3 (cANCA antibody)
270 GBM - Glomerular basement membrane antibody titer, IgG, IgA
290 **Nephrology Profile** includes 003, 270

Please Note: Test codes listed are categorized by disease association and are not necessarily in numerical order. Tests noted in blue are profiles.

• Genetic Tests:1 tube EDTA anticoagulated whole blood

CLINICAL INFORMATION

Please note that lack of complete information may delay results.

Suspected Diagnosis _____

Type of Biopsy Skin Oral Other _____

Biopsy Site: Immunofluorescence (IF)

Lesional _____

Normal _____

Perilesional _____

Biopsy Site: Histopathology (H&E)

Lesional _____

Clinical Data

Therapy

Serum Results

TRANSPLANT IMMUNOLOGY

132 Deceased Donor Evaluation (HLA Typing: A, B Bw, DR, DQ, DRw- Low resolution/ABO/Lymphocyte crossmatch)

133 Living Donor for Organ Transplant (HLA antibody Screen & Typing: A, B Bw, DR, DQ, DRw -low resolution/ABO/Lymphocyte crossmatch)

134 Bone marrow Transplant Candidate/Donor (HLA antibody Screen & Typing: A, B Bw, Cw, DR, DQ, DRw - High resolution)

135 Donor Specific Antibodies

136 Organ Transplant Candidate (HLA antibody Screen & Typing A, B Bw, DRDQ, DRw- low resolution/ABO/Pretransplant thrombotic risk assessment)

DERMATOPATHOLOGY / OCULAR PATHOLOGY

510 Direct Immunofluorescence (IgG, IgA, IgM, Fibrin, C3, C5b-9, and IgG4)

511 Light Microscopy (H&E)

512 Light Microscopic consultation

513 Hereditary Epidermolysis Bullosa Classification (Collagen IV, Cytokeratin, Collagen VII, laminin).

Special Staining

Differentiation of Bullous Pemphigoid from EBA: Indicated when biopsy is positive for basement membrane zone deposits

550 Antigen mapping for localization of Collagen IV & Laminin. Only on Lesional Biopsies.

551 Localization of immune deposits by "Induced in vitro split." Only on Normal Biopsies.

ORAL PATHOLOGY

510 Direct Immunofluorescence (IgG, IgA, IgM, Fibrin, C3, C5b-9, and IgG4)

511 Light Microscopy (H&E)

512 Light Microscopic consultation

BIOPSY SITE SELECTION

Proper biopsy sites for various tests and conditions indicated below.

Direct Immunofluorescence

Vesiculo-bullous diseases

- Pemphigus, Pemphigoid, Linear IgA Bullous Dermatitis (LABD), EBA, Herpes Gestationis (HG)
- Tissue: skin, mucosa
- Site: Perilesional, erythematous adjacent to active or new blister. For DH, take skin biopsy 3-5 mm away from the active lesion.

Connective tissue disorders

- Lupus erythematosus, MCTD, dermatomyositis, scleroderma.
- Tissue: skin
- Site: Erythematous or active border of new lesion. Take biopsy for SLE from lesional and non-lesional sun protected skin (buttock).

Lichen Planus and Lichnoid reactions

- Tissue: skin, mucosa
- Site: take biopsy from a new lesion.

Vasculitis

- Tissue: skin
- Site: Take biopsy from erythematous, active border of a fresh lesion (<48 hrs old).

Porphyria/Pseudoporphyria

- Tissue: skin
- Site: take from a new lesion.

Histopathology (H&E)

- In all cases, take biopsy from a lesional site.