

ALLOS

Reference Laboratory

HITACHI CHEMICAL DIAGNOSTICS, INC.
630 Clyde Court, Mountain View, CA 94043
Phone: (800) 272-6278 Fax: (650) 969-2745

For Lab Use Only

Reference #		SS Number		Requesting Physician	
Patient (Last, First, MI)		UPIN#		Provider #	
Address		Physician Signature			
City		Group/Laboratory Name			
Sex	Date of Birth / /	Phone ()	City		State Zip
Collection Date		Freeze Date:		Phone # Fax #	
		Thaw Date:			

Bill To: Insurance (Attach front and back copy of card)
No Medicaid or Medicare

Bill To: Physician
 Laboratory
 Patient Pre-Pay: Include Check or Credit Card only
Check payable to Allos Reference Laboratory

ICD-9 Code(s)

1. 2. 3. 4.

Patient Payment Agreement:

I acknowledge that if my insurance denies payment, I agree to be personally and fully responsible for payment of any outstanding balance

Payments Visa® Master Card®

Card Number

Print Name on Card

Expiration Date

Signature

Signature

Date

Fax Report To: _____

Accession #

IgE Panels

Require 2ml serum per panel*
(36 Allergen, Specific IgE Assay)

- 1402 Eastern Combination
- 1418 Moderate Food
- 1404 Northeastern Inhalant
- 1405 Northwestern Inhalant
- 1406 Pediatric Combination
- 1407 Southeastern Inhalant
- 1408 Southern Combination
- 1409 Southwestern Inhalant
- 1410 Western Combination
- 1411 Western Inhalant

Additional Individual Allergens

- _____
- _____
- _____
- _____
- _____
- _____

Specimen for Split Sample Comparison Testing:
PLEASE INCLUDE YOUR RESULTS WITH THE SERUM SAMPLE

Order Additional Supplies:

- Kits to MAIL Samples to Allos Labs
 10 20 Specify # _____
- Extra Requisitions: Quantity _____

*Optigen® Universal Specific IgE panel
Requires only 0.5 ml serum
(20 Allergen Specific IgE Assays)

- 3001 Optigen® Universal 20