

# PiRL Testing Requisition Form

Please include one requisition form per specimen



PHADIA IMMUNOLOGY  
REFERENCE LABORATORY

Center for Innovation

## PHYSICIAN ACCOUNT INFORMATION

PiRL Account #

-

Physician Name

Office/Facility Name

Phone

-    -

Email

Please select Component Package(s) on reverse side.

Signature of Ordering Physician:

Date:

## PATIENT INFORMATION

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_

Symptoms: \_\_\_\_\_

History: \_\_\_\_\_

Lab Results: \_\_\_\_\_

Affix patient ID label here

### INTERNAL USE ONLY

Samples Received Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Samples Processed Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Results Sent Date: \_\_\_\_\_ Initials: \_\_\_\_\_

## GENERAL CREDIT CARD INFORMATION

**IMPORTANT:** Please confirm your acceptance below of requested tests and authorization of credit card payment for the total amount of \$\_\_\_\_\_.

*Please fill out the credit card form completely so that payment may be processed.*

Results will be sent once payment is received.

Card Type (circle one): Visa MasterCard AmerExpress Discover

Last Four Digits of Card:

Signature of Cardholder: \_\_\_\_\_

Date: \_\_\_\_\_

## PAYMENT INFORMATION

Party Responsible for Payment:  Physician  Patient (bill credit card)

Patient Name: \_\_\_\_\_ PiRL Account Number: \_\_\_\_\_ - \_\_\_\_\_

Cardholder's Name:

Cardholder's Billing Address: Street:

City:  ST  Zip Code

Phone:    -    -     Card Type (circle one): Visa MasterCard AmerExpress Discover

Credit Card #:                      Expiration Date: \_\_\_/\_\_\_ Security Code: \_\_\_\_\_

Receipt Required for Payment? No  Yes  Via Mail  Via Email \_\_\_\_\_

## ImmunoCAP® Allergen Component Packages\*

### Foods

- Egg Component Package \$150
- Milk Component Package \$200
- Wheat Component Package \$100
- Kiwi Component Package \$100
- Celery Component Package \$150
- Brazil Nut Component Package \$100
- Hazelnut Component Package \$200
- Cashew Component Package \$100
- Walnut Component Package \$150
- Fish Component Package \$150
- Soy Component Package \$200
- Shrimp Component Package \$100
- Stone Fruit Component Package \$200  
(Please specify which complete stone fruit allergen to include [e.g., peach, cherry])

### Epidermals and Animal Protein

- Dog Component Package \$150
- Cat Component Package \$150

### Grass Pollens

- Bermuda Grass Component Package \$150
- Timothy Grass Component Package \$200

### Microorganisms

- Alternaria Component Package \$100
- Aspergillus Component Package \$200

### Mites

- House Dust Mite Component Package \$150

### Occupational

- Latex Component Package \$200

### Tree Pollens

- Birch Component Package \$200
- Cypress Component Package \$100
- Olive Component Package \$100

### Venoms

- Honey Bee Component Package \$150
- Common Wasp Component Package \$200
- Paper Wasp Component Package \$200

### Weed Pollens

- Ragweed Component Package \$100
- Mugwort Component Package \$150
- Saltwort Component Package \$100

### Miscellaneous Allergen Components

- ImmunoCAP Gal-Alpha-1, 3-Gal \$50

#### Allergen Component Specimen Requirements:

A full 5 mL separator tube is required for component analysis. Please centrifuge specimen prior to shipment (preferred) or ship sample overnight.

### Shipping:

Specimens should be shipped at room temperature OVERNIGHT using the PiRL sample tube holder, biohazard bag, and FedEx Clinical Pak with label provided in the blood collection kit (cold pack is not needed). **Please send samples WITH appropriate requisition forms provided in the blood collection kit.** If the sample can't be shipped once it is collected, it must be refrigerated until it can be shipped. **PiRL must receive the specimen within 72 hours of collection.** Also, please ensure that the matching patient ID labels have been affixed to the blood collection tube and to this requisition form.

For additional information or to order additional blood draw supplies, contact PiRL Customer Service at 800.346.4364, option 1, or visit [www. PiRLlab.com](http://www.PiRLlab.com).

**HIPAA:** PiRL is committed to compliance with HIPAA and its regulations. All protected health information (PHI) provided to PiRL shall be treated as confidential. Under federal law, Phadia may only release lab results to the ordering physician or other healthcare provider responsible for the patient's care, and not to third parties, including the patient.

\*Test results available from the Phadia Immunology Reference Laboratory (PiRL) may be produced by assays classified as Laboratory Developed Tests. These assays have been developed and validated by PiRL. Interpretation of all test results is the sole responsibility of the licensed healthcare professional ordering the test.