

Patient's Last Name	First	Middle	Birth Date (Required)	Legal Sex	Gender Identity
Outside Patient Number	Outside Specimen Number	Send Report To			
Ordering Provider	Address				
Diagnosis/ICD Code (Required)	Phone/Fax				

INDIVIDUAL ALLERGEN IgE TESTS	ALLERGEN IgE PANELS
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- | | |
|--|---|
| <input type="checkbox"/> Alder | <input type="checkbox"/> Lobster |
| <input type="checkbox"/> Almond | <input type="checkbox"/> <i>Macadamia Nut</i> |
| <input type="checkbox"/> α -Lactalbumin (Milk Comp.) | <input type="checkbox"/> Maple |
| <input type="checkbox"/> Alternaria tenuis | <input type="checkbox"/> Milk (Cow's) |
| <input type="checkbox"/> Aspergillus fumigatus | <input type="checkbox"/> <i>Mouse Urine Protein</i> |
| <input type="checkbox"/> Barley | <input type="checkbox"/> Mugwort (Sagebrush) |
| <input type="checkbox"/> Beef | <input type="checkbox"/> Mussel (Blue Mussel) |
| <input type="checkbox"/> Bermuda Grass | <input type="checkbox"/> Oak, White |
| <input type="checkbox"/> β -Lactoglobulin (Milk Comp.) | <input type="checkbox"/> Oat |
| <input type="checkbox"/> <i>Black Bean</i> | <input type="checkbox"/> Orange |
| <input type="checkbox"/> Birch | <input type="checkbox"/> Ovalbumin (Egg Comp.) |
| <input type="checkbox"/> <i>Box Elder/Maple</i> | <input type="checkbox"/> <i>Ovomucoid</i> (Egg Comp.) |
| <input type="checkbox"/> Brazil Nut | <input type="checkbox"/> Oyster |
| <input type="checkbox"/> Brazil Nut w/Reflex to Cpnts | <input type="checkbox"/> Peanut |
| <input type="checkbox"/> <i>Buckwheat</i> | <input type="checkbox"/> <i>Peanut w/Reflex to Comps.</i> |
| <input type="checkbox"/> Casein (Milk Comp.) | <input type="checkbox"/> Pecan |
| <input type="checkbox"/> Cashew | <input type="checkbox"/> Pinenut |
| <input type="checkbox"/> Cashew w/Reflex to Cpnts | <input type="checkbox"/> Pistachio |
| <input type="checkbox"/> Cat Dander/Epithelium | <input type="checkbox"/> <i>Pumpkin Seed</i> |
| <input type="checkbox"/> Chicken | <input type="checkbox"/> Pork |
| <input type="checkbox"/> Chocolate (Cocoa) | <input type="checkbox"/> Red Sorrel (Sheep Sorrel) |
| <input type="checkbox"/> Clam | <input type="checkbox"/> Red Top Grass |
| <input type="checkbox"/> Cockroach, American | <input type="checkbox"/> <i>Rice</i> |
| <input type="checkbox"/> <i>Cockroach, German</i> | <input type="checkbox"/> Rough Pigweed |
| <input type="checkbox"/> Coconut | <input type="checkbox"/> Russian Thistle |
| <input type="checkbox"/> Codfish (Cod) | <input type="checkbox"/> Rye |
| <input type="checkbox"/> Corn | <input type="checkbox"/> Salmon (Atlantic) |
| <input type="checkbox"/> Cottonwood | <input type="checkbox"/> Salmons (Atlantic and Pacific) |
| <input type="checkbox"/> Crab | <input type="checkbox"/> Scallop |
| <input type="checkbox"/> <i>D. farinae</i> (Dust Mite) | <input type="checkbox"/> Sesame Seed |
| <input type="checkbox"/> <i>D. pteronyssinus</i> (Dust Mite) | <input type="checkbox"/> Sunflower Seed |
| <input type="checkbox"/> Dog Dander | <input type="checkbox"/> Shrimp |
| <input type="checkbox"/> Dog Epithelium | <input type="checkbox"/> Soy (Soybean) |
| <input type="checkbox"/> Egg White | <input type="checkbox"/> <i>Squid</i> |
| <input type="checkbox"/> Egg Yolk | <input type="checkbox"/> Strawberry |
| <input type="checkbox"/> English Plantain | <input type="checkbox"/> <i>Tilapia</i> |
| <input type="checkbox"/> <i>Flaxseed (Linseed)</i> | <input type="checkbox"/> Timothy Grass |
| <input type="checkbox"/> <i>Garbanzo (Chickpea)</i> | <input type="checkbox"/> Tomato |
| <input type="checkbox"/> Gluten | <input type="checkbox"/> Trout (Pacific Salmon) |
| <input type="checkbox"/> Green Beans (String) | <input type="checkbox"/> Tuna |
| <input type="checkbox"/> Green Pea | <input type="checkbox"/> Walnut (Black Walnut) |
| <input type="checkbox"/> Hazelnut (Filbert) | <input type="checkbox"/> Walnut w/Reflex to Comps. |
| <input type="checkbox"/> Hazelnut w/Reflex to Comps. | <input type="checkbox"/> Walnut, Tree |
| <input type="checkbox"/> <i>Halibut</i> | <input type="checkbox"/> <i>Wasp Venom</i> |
| <input type="checkbox"/> <i>Honeybee Venom</i> | <input type="checkbox"/> Western Ragweed |
| <input type="checkbox"/> June Grass (Kentucky Blue) | <input type="checkbox"/> <i>White/Navy Bean</i> |
| <input type="checkbox"/> <i>Kidney Bean</i> | <input type="checkbox"/> <i>White Faced Hornet Venom</i> |
| <input type="checkbox"/> Lamb's Quarter | <input type="checkbox"/> Wheat |
| <input type="checkbox"/> <i>Latex</i> | <input type="checkbox"/> <i>Yellow Faced Hornet Venom</i> |
| <input type="checkbox"/> <i>Lentil</i> | <input type="checkbox"/> <i>Yellow Jacket Venom</i> |

- ASTHMA PANEL (LAB2710, 10 Allergens):**
Alder, Alternaria tenuis, Aspergillus fumigatus, Birch, Cat (Dander/Epithelium), D. farinae, D. pteronyssinus, Dog Epithelium, English Plantain, Timothy Grass
- WESTERN WA STATE (LAB2759, 18 Allergens):**
Alder, Alternaria tenuis, Aspergillus fumigatus, Birch, Cat (Dander/Epithelium), Cottonwood, D. farinae, D. pteronyssinus, Dog Epithelium, English Plantain, Maple, Oak, Timothy Grass, Lamb's Quarter, *American Elm, Juniper (Western), White Ash (Oregon Ash), Yellow Dock*
- FOOD PANEL (LAB2766, 14 Allergens):**
Almond, Cashew, Codfish (Cod), Corn, Crab, Egg White, Egg Yolk, Milk (Cow's), Peanut, Pistachio, Shrimp, Soy, Walnut (Black Walnut), Wheat
- WEMPS PANEL (LAB2760, 14 Allergens):**
Casein, Egg White, Milk (Cow's), Soy, Wheat, *Ovomucoid, Peanut w/Reflex to Components (Mayo)*
- SEEDS (LAB2748, 3 Allergens):**
Sesame, Sunflower, *Flaxseed*
- TREENUTS (LAB2754, 9 Allergens):**
Almond, Brazil, Cashew, Hazelnut, Pine Nut, Pecan, Pistachio, Walnut (Black Walnut), *Macadamia Nut*
- SHELLFISH (LAB2749, 8 Allergens):**
Clam, Crab, Lobster, Mussel (Blue Mussel), Oyster, Scallops, Shrimp, *Squid*
- FINFISH (LAB2725, 6 Allergens):**
Codfish (Cod), Salmons (Atlantic and Pacific), Tuna, *Halibut, Tilapia*
- LEGUMES (LAB2734, 6 Allergens):**
Green Pea, *Black Bean, Garbanzo (Chickpea), Kidney Bean, Lentil, White Bean*
- GRAINS (LAB2727, 6 Allergens):**
Barley, Corn, Oats, Rye, *Buckwheat, Rice*
- GELATIN PANEL (2 Allergens):**
Bovine (LAB1464), *Porcine* (LAB2732, Mayo ID: Gelatin Porcine IgE - FGPE)

ADDITIONAL TESTS

- Total IgE Level *Tryptase*
- Other: _____
- _____
- _____

BILLING INFORMATION

PHYSICIAN NOTIFICATION: Only tests that you believe are appropriate for patient care should be ordered. Medicare/Medicaid will pay only for tests that are medically necessary for the diagnosis and treatment of the patient, rather than for screening purposes.

BILLING NOTIFICATION: All samples will be billed to the referring institution unless complete billing and diagnosis information is provided on this form. Contact Seattle Children's Laboratory Client Services for additional assistance (206) 987-2617.

BILL TO:

- Referring Institution (Preferred)** - Provide billing address or stamp institution's information.
 (Institutional billing will be done for all patients with Medicare except for established Seattle Children's patients.)

Billing Address:	Billing Contact Name:
Billing Contact Phone/Fax:	Billing Contact Email:

- Primary Insurance** (Attach copy of card.) **Medicaid** (Only Alaska, Idaho, Montana and Washington Medicaid are accepted.)

Patient Address		
Guarantor Name	DOB	Relationship to Patient
Guarantor Address (if different from patient's)		
Guarantor Phone (if different from patient's)	Employer	
Primary Care Physician	Phone Number	
Insurance Company/Medical Coverage		
Claims Address	Phone Number	
Policy Number	Group Number	
Subscriber	Sex	Subscriber's DOB

- Secondary Insurance** (Attach copy of card.) **Medicaid** (Only Alaska, Idaho, Montana and Washington Medicaid are accepted.)

Insurance Company/Medical Coverage		
Claims Address	Phone Number	
Policy Number	Group Number	
Subscriber	Sex	Subscriber's DOB

- Self Pay**- First, call Lab Client Services for pricing. Then, provide credit card information below or enclose a check with the sample.

Patient Address		
Guarantor Name	DOB	Relationship to Patient
Guarantor Address (if different from patient's)		
Guarantor Phone (if different from patient's)		
Name on Credit Card	Payment Amount	CVN
Card Number	Card Type	Expiration

Please visit our test catalog at <http://seattlechildrenslab.testcatalog.org> for testing information or call (206) 987-2617.