



# IMMUNOSCIENCES LAB., INC.

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## TEST REQUEST FORM

**IF THE INFORMATION BELOW IS INCOMPLETE OR INCORRECTLY FILLED OUT,  
THERE MAY BE A DELAY IN THE PROCESSING OF YOUR SAMPLE.**

PATIENT'S NAME (LAST) (FIRST)			
BIRTH DATE	SEX	DATE & TIME COLLECTED	SAMPLE COLLECTOR'S INITIALS
ADDRESS			
CITY	STATE	ZIP CODE	
PHONE (INCLUDE AREA CODE)			PATIENT ID

DOCTOR'S NAME (LAST) (FIRST)	UPIN#	
ADDRESS		
CITY	STATE	ZIP CODE
PHONE NO.	FAX NO.	
DIAGNOSIS:		
DOCTOR'S SIGNATURE If signature is not available, please attach doctor's prescription.		

### BILLING INFORMATION

<b>BILL TO</b> <input type="checkbox"/> DOCTOR <input type="checkbox"/> LAB by permission or request	<b>PREPAID</b> <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MC <input type="checkbox"/> VISA
CARDHOLDER'S NAME _____	
CREDIT CARD NO. _____	
EXPIRATION DATE _____	
CARDHOLDER'S SIGNATURE _____	

SPECIMENS RECEIVED:	<b>FOR ISL USE ONLY</b>
<input type="checkbox"/> RED/SST	
<input type="checkbox"/> SERUM	
COMMENTS _____	
DATE RECEIVED: _____	TIME RECEIVED: _____

**Immunosciences Lab., Inc. (ISL) is a fee-for-service provider.  
ISL does not bill any insurance provider, including Medicare.**

I agree to pay the costs for the analysis requested. I understand the testing will be performed upon receipt of full payment. I understand I will receive a statement for the testing performed by ISL, and if I choose, I can submit this invoice to my insurance carrier.

Responsible Party's Name \_\_\_\_\_ Relation to Patient \_\_\_\_\_

Responsible Party's Signature \_\_\_\_\_ Date \_\_\_\_\_

- 2010 - Autoimmune Profile-Basic (ANA, RF, C1Q)**
- 2011 - Autoimmune Panel-Comprehensive (ANA, ENA, DNA, RF, C1Q, Actin IgG, Mitochondrial IgG)**
- 2013 - Autoimmune Liver Disease (Actin IgG, Mitochondrial IgG)**
- 2015 - B. burgdorferi IgG, IgM by ELISA (IgG, IgM against B. burgdorferi by ELISA)**
- 2016 - B. burgdorferi IgG, IgM by Western Blot (IgG, IgM against B. burgdorferi by Western Blot)**
- 2017 - Immunoserology of Lyme Panel A (IgG, IgM against tickborne antigens by Multi-Peptide ELISA)**

- 2018 - Immunoserology of Lyme Panel B (IgG, IgM against tickborne antigens by Multi-Peptide ELISA & Western Blot)**
- 2019 - Epstein-Barr Virus (EBV) Panel (VCA IgG, IgM; EA IgG; EBNA IgG, IgM)**
- 2020 - Viral Screen (EBV-VCA IgG, IgM; CMV IgG, IgM; Herpes 1+2 IgG, IgM)**
- 2022 - Viral Panel Premier (EBV-VCA IgG, IgM; EA IgG; EBNA IgG, IgM; CMV IgG, IgM; Herpes 1+2 IgG, IgM; HHV-6 IgG, IgM; VZV IgG)**
- 2023 - Viral Panel Comprehensive (EBV-VCA IgG, IgM; EA IgG; EBNA IgG, IgM; CMV IgG, IgM; Herpes 1+2 IgG, IgM; HHV-6 IgG, IgM; VZV IgG; Measles IgG, IgM)**