IMMUNOSCIENCES LAB, INC.
822 S. Robertson Blvd., Ste. 312, Los Angeles, CA 90035 Tel (310) 657-1077 Fax (310) 657-1053
E-mail: immunsci@gmail.com Website: www.immunoscienceslab.com

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

BILL TO
❒ PRACTITIONER ❒ PATIENT
by permission or request

PREPAID
❒CASH ❒CHECK ❒CC ❒MONEY ORDER

CARDHOLDER'S NAME _____

CREDIT CARD NO. _____

EXPIRATION DATE _____

CARDHOLDER'S SIGNATURE

FOR SARS-CoV-2 TEST ONLY

RACE_____

ETHNICITY _____

_____

FOR ISL USE ONLY

SPECIMENS RECEIVED:
❒ RED/SST
❒ SERUM

COMMENTS _____

_____

DATE RECEIVED _____

TIME RECEIVED_____

ISL DOES NOT PROCESS SPECIMENS FOR UNPAID TEST REQUISITIONS

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)
- ❒ **2024 - Severe Acute Respiratory Syndrome 2**
  (Spike & Nucleoprotein IgG)
- ❒ **2025 - Autoimmune Viral Trio Panel**
  (Spike & Nucleoprotein IgG; EBV-VCA IgG, IgM; EA IgG; EBNA IgG, IgM; HHV-6 IgG, IgM)

INSTRUCTIONS FOR COLLECTING SPECIMENS

For all clinical specimen types: As per CLIA regulations Sec. 493.1240, label the specimen with the patient's first and last name, and a second identifier (date of birth, medical record number, etc.). Initials of phlebotomist or person collecting specimen, time of draw and date of draw are **required** on each tube.

Test requisition; Failure to **complete** patient information, physician information, tests ordered, date and time of specimen collection, and payment information may cause delays in testing and reporting of results.

FOR RED TOP/RED & GRAY TOP SST TUBE **(ANTIBODY, ANTIGEN AND OTHER MEASUREMENTS IN SERUM; TUBES MAY BE USED INTERCHANGEABLY)** Fill tube and sit at room temperature for 60 minutes. Centrifuge 10 minutes at 2000 RPM. Transfer serum to plastic screwcap polypropylene transport tube.

- Put individually wrapped tubes in thin paper towel layer and secure with a rubber band (to prevent breakage during transport).
- Place all wrapped specimens inside biohazard Ziploc bag.
- Fold requisition form and place in front pocket of biohazard Ziploc bag.
- Close and seal box. Send to

IMMUNOSCIENCES LAB., INC., 822 S. ROBERTSON BLVD., STE. 312, LOS ANGELES, CA 90035.

QUANTITY OF REQUIRED SERUM

A minimum of 1 (one) mL of serum is needed for performance of antibody assay and storage.

LOCAL PICK-UP OF SPECIMENS

In Los Angeles county please call: (310) 657-1077 before 3pm for the same day pick-ups.

REQUESTS FOR ADDITIONAL TESTING:

- Verify with laboratory for sample stability and quantity of specimen required.
- Complete the Add-On form (available at www.immunoscienceslab.com) and fax it to (310) 657-1053.

TEST CANCELLATIONS

Call (310) 657-1077. We will accept requests for test cancellation **only** before test set-up. There will be no charge. A request for cancellation received after test set-up cannot be honored, and the lab test will be performed at the normal price.

PROBLEMATIC SAMPLE ISSUES

- ISL will contact the client regarding all sample issues on the day the specimen arrives.
- All problematic samples will be tracked in our laboratory.

STORAGE OF SAMPLES

All routinely tested ISL samples are stored frozen for a minimum of 2 months from day of receipt.