



1307 Allen Drive, Ste. A  
 Troy, MI 48083  
 Ph: 248-846-0663  
 Fx: 248-602-0627  
 www.vibrahealthlab.com

Patient Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Collection Date/Time: \_\_\_\_\_

## Vibra Health Laboratory Allergy and Autoimmune Test Requisition

|                                |                      |
|--------------------------------|----------------------|
| Ordering Provider Name (Print) | Practice Information |
|--------------------------------|----------------------|

|  |                 |  |                 |   |                 |
|--|-----------------|--|-----------------|---|-----------------|
| <b>A PATIENT INFORMATION</b>   | <b>REQUIRED</b> | <b>B DIAGNOSIS (ICD-10) CODES</b>  | <b>REQUIRED</b> | <b>C CLINICAL INFORMATION</b>   | <b>REQUIRED</b> |
| Last Name: _____ Date of Birth: ____/____/____<br>First Name: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F Race: _____<br>Address: _____ City: _____ State: _____ Zip: _____<br>Email: _____ Phone: _____<br>Insurance Name: _____ Insurance ID: _____<br>Group Number: _____ Policyholder: _____ |                 | (Common ICD-10 Codes On Reverse – provider responsible for appropriate selection)<br><input type="checkbox"/> J30.1 Allergic rhinitis due to pollen<br><input type="checkbox"/> J30.81 Allergic rhinitis due to animal dander<br><input type="checkbox"/> J45.909 Unspecified asthma<br><input type="checkbox"/> L20.84 Allergic eczema<br><input type="checkbox"/> T78.40XA Allergy, unspecified<br><input type="checkbox"/> Z91.010 Allergy to peanuts<br><input type="checkbox"/> Other: _____<br><small>ICD-10 Selection: Refer to CMS LCD/NCD guidelines for medical necessity and referral requirements.</small> |                 | <input type="checkbox"/> History suggestive of allergic disease<br><input type="checkbox"/> Seasonal allergies<br><input type="checkbox"/> Food allergy suspicion<br><input type="checkbox"/> Drug allergy history<br><input type="checkbox"/> Asthma or reactive airway disease<br><input type="checkbox"/> Chronic rhinitis or sinusitis<br><input type="checkbox"/> Dermatitis / eczema<br><input type="checkbox"/> Prior allergy testing<br><input type="checkbox"/> Other: _____ |                 |

|   |   |
|---|---|
| <b>D SPECIMEN INFORMATION</b>                                   | <b>REQUIRED</b>                               |
| <input type="checkbox"/> Serum (ONLY)                           | Initials: _____<br>Date: _____<br>Time: _____ |
| Send 2 SSTs for allergy testing if more than 1 panel is ordered |   |
| <input type="checkbox"/> AM <input type="checkbox"/> PM         |   |

|                     |                                      |
|---------------------|--------------------------------------|
| <b>E TEST ORDER</b> | <b>SELECT ONE OR MORE (REQUIRED)</b> |
|---------------------|--------------------------------------|

| Autoimmune Testing   | Allergy Panels  | Allergy Testing   |
|--|---|---|
| <input type="checkbox"/> <b>ANA Screen w/Reflex</b> (if ENA Screen is positive, will reflex to ENA Confirmation Tests)<br><input type="checkbox"/> ENA Screen<br><input type="checkbox"/> Double-Stranded DNA Antibody   | <u>(See reverse side for allergens included)</u><br><input type="checkbox"/> Food Allergy Panel<br><input type="checkbox"/> Nut Allergy Panel<br><input type="checkbox"/> Inhalant Allergy Panel<br><input type="checkbox"/> Pediatric Allergy Panel<br><input type="checkbox"/> Respiratory Allergy Panel (Area 7) | <b>Allergy panels/tests will include Total IgE</b><br><b>Individual Allergens</b><br><input type="checkbox"/> Almond<br><input type="checkbox"/> Alternaria Alternata<br><input type="checkbox"/> Aspergillus Fumigatus<br><input type="checkbox"/> Bermuda Grass<br><input type="checkbox"/> Box-Elder<br><input type="checkbox"/> Brazil Nut<br><input type="checkbox"/> Candida Albicans<br><input type="checkbox"/> Cashew Nut<br><input type="checkbox"/> Cat Dander<br><input type="checkbox"/> Cladosporium Herbarum<br><input type="checkbox"/> Clam<br><input type="checkbox"/> Cockroach, German<br><input type="checkbox"/> Common Pigweed<br><input type="checkbox"/> Common Ragweed<br><input type="checkbox"/> Common Silver Birch<br><input type="checkbox"/> Cottonwood<br><input type="checkbox"/> Dog Dander<br><input type="checkbox"/> Dust Mite D Pteronyssinus<br><input type="checkbox"/> Egg White<br><input type="checkbox"/> Elm<br><input type="checkbox"/> Fish, Cod<br><input type="checkbox"/> Hazelnut<br><input type="checkbox"/> Hickory/Pecan<br><input type="checkbox"/> IgE, Total<br><input type="checkbox"/> Dust Mite D Farinae<br><input type="checkbox"/> Kentucky Blue Grass<br><input type="checkbox"/> Maize-Corn<br><input type="checkbox"/> Maple Leaf Sycamore<br><input type="checkbox"/> Milk<br><input type="checkbox"/> Mountain Juniper/Cedar<br><input type="checkbox"/> Mouse Urine Proteins<br><input type="checkbox"/> Mugwort<br><input type="checkbox"/> Mulberry<br><input type="checkbox"/> Nettle<br><input type="checkbox"/> Oak<br><input type="checkbox"/> Peanut<br><input type="checkbox"/> Pecan Nut<br><input type="checkbox"/> Penicillium Chrysogenum<br><input type="checkbox"/> Plantain, English<br><input type="checkbox"/> Rough Marshelder<br><input type="checkbox"/> Salmon<br><input type="checkbox"/> Saltwort, Russian Thistle<br><input type="checkbox"/> Scallop<br><input type="checkbox"/> Sesame Seed<br><input type="checkbox"/> Sheep Sorrel<br><input type="checkbox"/> Shrimp<br><input type="checkbox"/> Soybean<br><input type="checkbox"/> Timothy Grass<br><input type="checkbox"/> Tuna<br><input type="checkbox"/> Walnut Nut<br><input type="checkbox"/> Wheat<br><input type="checkbox"/> White Ash |
| <input type="checkbox"/> <b>ENA Confirmation Tests</b><br><input type="checkbox"/> Anti-U1RNP<br><input type="checkbox"/> CENP<br><input type="checkbox"/> Jo-1<br><input type="checkbox"/> La<br><input type="checkbox"/> Ro<br><input type="checkbox"/> RNP70<br><input type="checkbox"/> Scl-70S<br><input type="checkbox"/> SmDP-S | <b>Additional Test Orders</b><br><b>Additional test orders:</b>   |   |
| <input type="checkbox"/> <b>ANA Screen</b><br><input type="checkbox"/> ENA Screen<br><input type="checkbox"/> Double-Stranded DNA Antibody   |   |   |
| <input type="checkbox"/> <b>Celiac Disease Screen</b><br><input type="checkbox"/> IgA, Total<br><input type="checkbox"/> Tissue transglutaminase IgA<br><input type="checkbox"/> Tissue transglutaminase IgG<br><input type="checkbox"/> Deamidated Gliadin IgA<br><input type="checkbox"/> Deamidated Gliadin IgG                     |   |   |
| <input type="checkbox"/> <b>Rheumatoid Arthritis Profile</b><br><input type="checkbox"/> Rheumatoid Factor<br><input type="checkbox"/> Anti-CCP (Cyclic citrullinated peptide)<br><input type="checkbox"/> C-Reactive Protein  |   |   |
| <b>Send-Out Test</b><br><input type="checkbox"/> ANA by IFA, Reflex to Titer and Pattern Send Out  |   |   |

|  |                 |
|--|-----------------|
| <b>F PATIENT ACKNOWLEDGEMENT</b>   | <b>REQUIRED</b> |
| This specimen was provided voluntarily for analysis and I authorize Vibra Health Lab to process, bill and provide results. I agree to the declarations and terms in the patient acknowledgment and irreversible assignment of benefits on the back of this form.<br>Patient Signature: _____ Date: _____ |                 |

|   |                 |
|---|-----------------|
| <b>G AUTHORIZED HEALTHCARE PROVIDER ACKNOWLEDGEMENT</b>   | <b>REQUIRED</b> |
| I acknowledge that documentation to support medical necessity for all tests ordered is recorded in the patient's chart. If not signed, Authorized Healthcare Provider affirms that test orders are placed in patient file with provider signature and will be available upon request. The Office of the Inspector General requires documentation in patient medical chart including date of service, tests ordered and documentation to support medical necessity.<br>Provider Signature: _____ Date: _____ |                 |

**ALLERGY PANELS**

| Allergen                       | Food | Inhalant | Pediatric | Respiratory (Area 7) | Nut |
|--------------------------------|------|----------|-----------|----------------------|-----|
| E1 CAT DANDER                  |      | •        | •         | •                    |     |
| D1 DUST MITE D PTERONYSSINUS   |      | •        | •         | •                    |     |
| M6 ALTERNARIA ALTERNATA        |      | •        | •         | •                    |     |
| M3 ASPERGILLUS FUMIGATUS       |      |          |           | •                    |     |
| E5 DOG DANDER                  |      | •        | •         | •                    |     |
| M2 CLADOSPORIUM HERBARUM       |      |          |           | •                    |     |
| D2 DUST MITE D FARINAE         |      | •        |           | •                    |     |
| T7 OAK                         |      | •        |           | •                    |     |
| G6 TIMOTHY GRASS               |      |          | •         | •                    |     |
| I6 COCKROACH GERMAN            |      |          | •         | •                    |     |
| T8 ELM                         |      | •        |           | •                    |     |
| W1 COMMON RAGWEED              |      | •        |           | •                    |     |
| M1 PENICILLIUM CHRYSOGENUM     |      |          |           | •                    |     |
| F13 PEANUT                     | •    |          | •         |                      | •   |
| G2 BERMUDA GRASS               |      | •        |           | •                    |     |
| T1 BOX-ELDER                   |      |          |           | •                    |     |
| W14 COMMON PIGWEED             |      | •        |           |                      |     |
| T6 MOUNTAIN JUNIPER (Cedar)    |      |          | •         | •                    |     |
| F24 SHRIMP                     | •    |          | •         |                      |     |
| F2 MILK                        | •    |          | •         |                      |     |
| T3 COMMON SILVER BIRCH         |      |          |           | •                    | •   |
| F256 WALNUT                    | •    |          | •         |                      | •   |
| F1 EGG WHITE                   | •    |          | •         |                      |     |
| F4 WHEAT                       | •    |          | •         |                      |     |
| F14 SOYBEAN                    | •    |          | •         |                      |     |
| T14 COTTONWOOD                 |      |          |           | •                    |     |
| E72 MOUSE URINE PROTEINS       |      | •        | •         | •                    |     |
| F3 FISH, COD                   | •    |          | •         |                      |     |
| T70 MULBERRY                   | •    |          |           | •                    |     |
| F338 SCALLOP                   |      |          | •         |                      |     |
| W18 SHEEP SORREL               |      | •        |           |                      |     |
| F10 SESAME SEED                | •    |          | •         |                      |     |
| F202 CASHEW NUT                | •    |          | •         |                      | •   |
| F20 ALMOND                     | •    |          |           |                      | •   |
| F17 HAZELNUT                   | •    |          | •         |                      | •   |
| F40 TUNA                       | •    |          | •         |                      |     |
| T15 WHITE ASH                  |      |          |           | •                    |     |
| W6 MUGWORT                     |      | •        |           |                      |     |
| F41 SALMON                     | •    |          | •         |                      |     |
| W11 SALTWORT, RUSSIAN THISTLE  |      |          |           | •                    |     |
| T22 PECAN, HICKORY             |      | •        |           |                      |     |
| T11 MAPLE LEAF SYCAMORE        | •    | •        |           |                      | •   |
| F18 BRAZIL NUT                 | •    |          | •         |                      |     |
| F8 MAIZE CORN                  | •    |          |           |                      |     |
| W20 NETTLE                     |      |          |           | •                    |     |
| F207 CLAM                      | •    |          |           |                      |     |
| W9 PLANTAIN (ENGLISH, RIBWORT) |      | •        |           |                      |     |
| M5 Candidia Albicans           |      |          | •         |                      |     |
| W16 Rough Marshelder           |      |          |           | •                    |     |
| F201 Pecan, Nut                |      |          |           |                      | •   |
| G8 Kentucky Blue Grass         |      | •        |           |                      |     |

**ICD 10 CODES**

| Allergy Testing / CPT 86003 |                 | DIAGNOSIS (ICD-10) CODES  |  |
|-----------------------------|-----------------|---|--|
| Select                      | ICD-10 Code     | Description   |  |
| <input type="checkbox"/>    | <b>B44.0</b>    | Invasive pulmonary aspergillosis  |  |
| <input type="checkbox"/>    | <b>J30.1</b>    | Allergic rhinitis due to pollen   |  |
| <input type="checkbox"/>    | <b>J30.2</b>    | Other seasonal allergic rhinitis  |  |
| <input type="checkbox"/>    | <b>J30.5</b>    | Allergic rhinitis due to food   |  |
| <input type="checkbox"/>    | <b>J30.81</b>   | Allergic rhinitis due to animal (cat) (dog) hair and dander                     |  |
| <input type="checkbox"/>    | <b>J30.89</b>   | Other allergic rhinitis   |  |
| <input type="checkbox"/>    | <b>J30.9</b>    | Allergic rhinitis, unspecified  |  |
| <input type="checkbox"/>    | <b>J31.0</b>    | Chronic rhinitis  |  |
| <input type="checkbox"/>    | <b>J32.3</b>    | Chronic sphenoidal sinusitis  |  |
| <input type="checkbox"/>    | <b>J45.20</b>   | Mild intermittent asthma, uncomplicated   |  |
| <input type="checkbox"/>    | <b>J45.21</b>   | Mild intermittent asthma with (acute) exacerbation                              |  |
| <input type="checkbox"/>    | <b>J45.22</b>   | Mild intermittent asthma with status asthmaticus                                |  |
| <input type="checkbox"/>    | <b>J45.30</b>   | Mild persistent asthma, uncomplicated   |  |
| <input type="checkbox"/>    | <b>J45.31</b>   | Mild persistent asthma with (acute) exacerbation                                |  |
| <input type="checkbox"/>    | <b>J45.32</b>   | Mild persistent asthma with status asthmaticus                                  |  |
| <input type="checkbox"/>    | <b>J45.40</b>   | Moderate persistent asthma, uncomplicated                                       |  |
| <input type="checkbox"/>    | <b>J45.41</b>   | Moderate persistent asthma with (acute) exacerbation                            |  |
| <input type="checkbox"/>    | <b>J45.42</b>   | Moderate persistent asthma with status asthmaticus                              |  |
| <input type="checkbox"/>    | <b>J45.50</b>   | Severe persistent asthma, uncomplicated   |  |
| <input type="checkbox"/>    | <b>J45.51</b>   | Severe persistent asthma with (acute) exacerbation                              |  |
| <input type="checkbox"/>    | <b>J45.52</b>   | Severe persistent asthma with status asthmaticus                                |  |
| <input type="checkbox"/>    | <b>J45.901</b>  | Unspecified asthma with (acute) exacerbation                                    |  |
| <input type="checkbox"/>    | <b>J45.902</b>  | Unspecified asthma with status asthmaticus                                      |  |
| <input type="checkbox"/>    | <b>J45.909</b>  | Unspecified asthma, uncomplicated   |  |
| <input type="checkbox"/>    | <b>J45.991</b>  | Cough variant asthma  |  |
| <input type="checkbox"/>    | <b>J45.998</b>  | Other asthma  |  |
| <input type="checkbox"/>    | <b>L20.82</b>   | Flexural eczema   |  |
| <input type="checkbox"/>    | <b>L20.84</b>   | Intrinsic (allergic) eczema   |  |
| <input type="checkbox"/>    | <b>L20.89</b>   | Other atopic dermatitis   |  |
| <input type="checkbox"/>    | <b>L50.0</b>    | Allergic urticaria  |  |
| <input type="checkbox"/>    | <b>L50.1</b>    | Idiopathic urticaria  |  |
| <input type="checkbox"/>    | <b>L50.3</b>    | Dermatographic urticaria  |  |
| <input type="checkbox"/>    | <b>L50.6</b>    | Contact urticaria   |  |
| <input type="checkbox"/>    | <b>L50.8</b>    | Other urticaria   |  |
| <input type="checkbox"/>    | <b>R05.3</b>    | Chronic cough   |  |
| <input type="checkbox"/>    | <b>T63.91XA</b> |   |  |
| <input type="checkbox"/>    | <b>T63.91XD</b> |   |  |
| <input type="checkbox"/>    | <b>T63.91XS</b> |   |  |
| <input type="checkbox"/>    | <b>T63.92XA</b> |   |  |
| <input type="checkbox"/>    | <b>T63.92XD</b> |   |  |
| <input type="checkbox"/>    | <b>T63.92XS</b> |   |  |
| <input type="checkbox"/>    | <b>T63.93XA</b> |   |  |
| <input type="checkbox"/>    | <b>T63.93XD</b> |   |  |
| <input type="checkbox"/>    | <b>T63.93XS</b> |   |  |
| <input type="checkbox"/>    | <b>T63.94XA</b> |   |  |
| <input type="checkbox"/>    | <b>T63.94XD</b> |   |  |
| <input type="checkbox"/>    | <b>T63.94XS</b> | Toxic effect of contact with unspecified venomous animal, undetermined, sequela |  |
| <input type="checkbox"/>    | <b>T65.811A</b> | Toxic effect of latex, accidental (unintentional), initial encounter            |  |
| <input type="checkbox"/>    | <b>T65.811D</b> | Toxic effect of latex, accidental (unintentional), subsequent encounter         |  |
| <input type="checkbox"/>    | <b>T65.811S</b> | Toxic effect of latex, accidental (unintentional), sequela                      |  |
| <input type="checkbox"/>    | <b>T65.812A</b> | Toxic effect of latex, intentional self-harm, initial encounter                 |  |
| <input type="checkbox"/>    | <b>T65.812D</b> | Toxic effect of latex, intentional self-harm, subsequent encounter              |  |
| <input type="checkbox"/>    | <b>T65.812S</b> | Toxic effect of latex, intentional self-harm, sequela                           |  |
| <input type="checkbox"/>    | <b>T65.813A</b> | Toxic effect of latex, assault, initial encounter                               |  |
| <input type="checkbox"/>    | <b>T65.813D</b> | Toxic effect of latex, assault, subsequent encounter                            |  |
| <input type="checkbox"/>    | <b>T65.813S</b> | Toxic effect of latex, assault, sequela   |  |
| <input type="checkbox"/>    | <b>T65.814A</b> | Toxic effect of latex, undetermined, initial encounter                          |  |
| <input type="checkbox"/>    | <b>T65.814D</b> | Toxic effect of latex, undetermined, subsequent encounter                       |  |
| <input type="checkbox"/>    | <b>T65.814S</b> | Toxic effect of latex, undetermined, sequela                                    |  |
| <input type="checkbox"/>    | <b>T78.01XA</b> | Anaphylactic reaction due to peanuts, initial encounter                         |  |
| <input type="checkbox"/>    | <b>T78.01XD</b> | Anaphylactic reaction due to peanuts, subsequent encounter                      |  |
| <input type="checkbox"/>    | <b>T78.01XS</b> | Anaphylactic reaction due to peanuts, sequela                                   |  |
| <input type="checkbox"/>    | <b>T78.02XA</b> | Anaphylactic reaction due to shellfish (crustaceans), initial encounter         |  |
| <input type="checkbox"/>    | <b>T78.02XD</b> | Anaphylactic reaction due to shellfish (crustaceans), subsequent encounter      |  |
| <input type="checkbox"/>    | <b>T78.02XS</b> | Anaphylactic reaction due to shellfish (crustaceans), sequela                   |  |
| <input type="checkbox"/>    | <b>T78.03XA</b> | Anaphylactic reaction due to other fish, initial encounter                      |  |
| <input type="checkbox"/>    | <b>T78.03XD</b> | Anaphylactic reaction due to other fish, subsequent encounter                   |  |
| <input type="checkbox"/>    | <b>T78.03XS</b> | Anaphylactic reaction due to other fish, sequela                                |  |
| <input type="checkbox"/>    | <b>T78.04XA</b> | Anaphylactic reaction due to fruits and vegetables, initial encounter           |  |
| <input type="checkbox"/>    | <b>T78.04XD</b> | Anaphylactic reaction due to fruits and vegetables, subsequent encounter        |  |
| <input type="checkbox"/>    | <b>T78.04XS</b> | Anaphylactic reaction due to fruits and vegetables, sequela                     |  |
| <input type="checkbox"/>    | <b>T78.05XA</b> | Anaphylactic reaction due to tree nuts and seeds, initial encounter             |  |
| <input type="checkbox"/>    | <b>T78.05XD</b> | Anaphylactic reaction due to tree nuts and seeds, subsequent encounter          |  |
| <input type="checkbox"/>    | <b>T78.05XS</b> | Anaphylactic reaction due to tree nuts and seeds, sequela                       |  |
| <input type="checkbox"/>    | <b>T78.06XA</b> | Anaphylactic reaction due to food additives, initial encounter                  |  |
| <input type="checkbox"/>    | <b>T78.06XD</b> | Anaphylactic reaction due to food additives, subsequent encounter               |  |
| <input type="checkbox"/>    | <b>T78.06XS</b> | Anaphylactic reaction due to food additives, sequela                            |  |
| <input type="checkbox"/>    | <b>T78.07XA</b> | Anaphylactic reaction due to milk and dairy products, initial encounter         |  |
| <input type="checkbox"/>    | <b>T78.07XD</b> | Anaphylactic reaction due to milk and dairy products, subsequent encounter      |  |
| <input type="checkbox"/>    | <b>T78.07XS</b> | Anaphylactic reaction due to milk and dairy products, sequela                   |  |
| <input type="checkbox"/>    | <b>T78.08XA</b> | Anaphylactic reaction due to eggs, initial encounter                            |  |
| <input type="checkbox"/>    | <b>T78.08XD</b> | Anaphylactic reaction due to eggs, subsequent encounter                         |  |
| <input type="checkbox"/>    | <b>T78.08XS</b> | Anaphylactic reaction due to eggs, sequela                                      |  |
| <input type="checkbox"/>    | <b>T78.09XA</b> | Anaphylactic reaction due to other food products, initial encounter             |  |
| <input type="checkbox"/>    | <b>T78.09XD</b> | Anaphylactic reaction due to other food products, subsequent encounter          |  |
| <input type="checkbox"/>    | <b>T78.09XS</b> | Anaphylactic reaction due to other food products, sequela                       |  |
| <input type="checkbox"/>    | <b>T78.40XA</b> | Allergy, unspecified, initial encounter   |  |
| <input type="checkbox"/>    | <b>T78.40XD</b> | Allergy, unspecified, subsequent encounter                                      |  |
| <input type="checkbox"/>    | <b>T78.40XS</b> | Allergy, unspecified, sequela   |  |
| <input type="checkbox"/>    | <b>Z86.19</b>   | Personal history of other infectious and parasitic diseases                     |  |
| <input type="checkbox"/>    | <b>Z91.010</b>  | Allergy to peanuts  |  |
| <input type="checkbox"/>    | <b>Z91.011</b>  | Allergy to milk products  |  |
| <input type="checkbox"/>    | <b>Z91.012</b>  | Allergy to eggs   |  |
| <input type="checkbox"/>    | <b>Z91.013</b>  | Allergy to seafood  |  |
| <input type="checkbox"/>    | <b>Z91.014</b>  | Allergy to mammalian meats  |  |
| <input type="checkbox"/>    | <b>Z91.018</b>  | Allergy to other foods  |  |