

Sjögren's Syndrome

Test Request Form

Patient Information

Last Name
First Name
Social Security #
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Race
Date of Birth
Street
City State Zip
Telephone ()
Specimen Date <small>(Required by State and Federal Law)</small>
I accept responsibility for bills related to the testing of my specimen:
Patient Signature

Billing Information

Caution: Provide complete insurance information or send photocopy of patient's insurance card. Failure to do so will result in direct patient billing.

Send bill to: <input type="checkbox"/> Patient <input type="checkbox"/> Insurance
<input type="checkbox"/> Doctor <input type="checkbox"/> Lab
Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No
ID #
Insurance Name
Street
City State Zip
Telephone ()
Insurance #
Group #
Subscriber Name
Subscriber DOB
ICD-10 Codes

For specimen collection kits please call 800.537.TEST or indicate kits required below:

<input type="checkbox"/> # _____ Serum Specimen Collection Kits
<input type="checkbox"/> # _____ Blood Spot Card Kits

REQUESTING PROVIDER INFORMATION

Last Name
First Name
NPI #
Address
City State Zip
Telephone ()
Fax ()
Email
Are you in-network with Medicare or registered as a Medicare referring provider? <input type="checkbox"/> Yes <input type="checkbox"/> No
Physician Signature <small>(Required by CMS)</small>

ICD-10 Codes

H16.221 Keratoconjunctivitis sicca, not specified as Sjögren's, right eye
H16.222 Keratoconjunctivitis sicca, not specified as Sjögren's, left eye
H16.223 Keratoconjunctivitis sicca, not specified as Sjögren's, bilateral
H16.229 Keratoconjunctivitis sicca, not specified as Sjögren's, unspecified eye
H04.121 Dry eye syndrome of right lacrimal gland
H04.122 Dry eye syndrome of bilateral lacrimal glands
H04.123 Dry eye syndrome of bilateral lacrimal glands
H04.129 Dry eye syndrome of unspecified lacrimal gland
M35.00 Sicca syndrome unspecified (Sjögren's syndrome)
M35.01 Sicca syndrome with keratoconjunctivitis
H16.141 Punctate keratitis, right eye
H16.142 Punctate keratitis, left eye
H16.143 Punctate keratitis, bilateral
H16.149 Punctate keratitis, unspecified eye
H16.211 Exposure keratoconjunctivitis, right eye
H16.212 Exposure keratoconjunctivitis, left eye
H16.213 Exposure keratoconjunctivitis, bilateral
H16-219 Exposure keratoconjunctivitis, unspecified eye
Other

Specimen

Collect 5 -10 ml of blood in red top or serum separator tube. If possible, separate serum from clot and place serum in clear tube provided. Do not puncture top of the tube. If separation facilities are not available, the blood can be sent in the collection tube.

Minor Salivary glands need to be collected from normal appearing mucosal site. At least 6 minor salivary gland lobules need to be collected and placed in 10% formalin (green top jar provided in specimen kit) and transported.

Clinical Symptoms

Ocular: Dry eyes: Duration _____

Oral: Dry Mouth: Duration _____

Previous Histology Positive Focus Scores: Yes No

Previous Autoantibody Profile Positive: Ro La RF ANA

Previous History of: Radiation Hepatitis C AIDS Lymphoma Sarcoidosis GVH D Drug History

Tests

076 **Sjögren's Syndrome Profile** includes all tests listed below:

001 ANA titer and pattern on HEp-2 & Mouse kidney

011 Rheumatoid Factor (RF); IgG, IgA & IgM

045 SS-A (Ro)

046 SS-B (La)

094 Salivary Protein-1 (SP-1) (IgG, IgA, IgM)

095 Carbonic Anhydrase (CA-6) (IgG, IgA, IgM)

096 Parotid Specific Protein (PSP) (IgG, IgA, IgM)

093 **Early Sjögren's Syndrome Profile** includes all tests listed below:

094 Salivary Protein-1 (SP-1) (IgG, IgA, IgM)

095 Carbonic Anhydrase (CA-6) (IgG, IgA, IgM)

096 Parotid Specific Protein (PSP) (IgG, IgA, IgM)

Ship to Immco Diagnostics

Pack Specimen Collection Kit following these simple steps:

1. Place tube(s) into specimen bag.
2. Place test requisition and a copy of the patient's medical insurance information and any other pertinent paperwork into the outside pocket of specimen bag.
3. Fold and roll specimen bag and contents into white mailer box and place in the enclosed poly courier bag.
4. Place pre-paid return airbill on outside of poly courier bag and call the number on the bag for a pick up.

Questions? Call 1.800.537.TEST for Immco Customer Service or visit us online at immco.com.

www.immco.com

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