



# 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 ( )
<b>Specimen Date</b> <small>(Required by State and Federal Law)</small>
I accept responsibility for bills related to the testing of my specimen:
Patient Signature

### 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
<b>Physician Signature</b> <small>(Required by CMS)</small>

### 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.

<b>Send bill to:</b> <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
<b>ICD-10 Codes</b>

### 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   |                                                                         |

**FOR SPECIMEN COLLECTION KITS PLEASE CALL 800.537.TEST OR INDICATE KITS REQUIRED BELOW:**

- # \_\_\_\_\_ **Serum Specimen Collection Kits**  
 # \_\_\_\_\_ **Blood Spot Card Kits**

## 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)

Also available:  093 Early Sjögren's Syndrome Profile (includes tests 094, 095, and 096)

## 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](http://immco.com).

[www.immco.com](http://www.immco.com)

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